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|  | | | | **CAN/ULC-S553-14**  **APPENDIX “C” (INFORMATIVE)**  **SMOKE ALARM INSTALLATION AND VERIFICATION REPORT**  (Reference: Clause 4.2.1) | | | | | | | | | | | | | | | | |  | | | | |
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| Building Permit Number: | | | | |  | | | | | | | Electrical Permit Number: | | |  | | | | | Date: | |  |  | |  |
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| Building Name & Address: | |  | | | | | | | | | | | | | | | | | | | | | | |  |
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|  |  | New Installation  Existing Installation | | | | | | | | | | | | | | | | | | | | | | |  |
|  | Smoke Alarm Manufacturer: | | | | | |  | | | | | | | Model Number: | |  | | | | | | | | |  |
|  | Date of Manufacture: | | | | | |  | | | | | | | Date of Installation: | |  | | | | | | | | |  |
|  | (Date of Installation shall be indicated on the device) | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **A** | Wiring installation in accordance with Canadian Electrical Code? | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | |  |
| **B** | Location of smoke alarms in accordance with National Building Code of Canada? | | | | | | | | | | | | | | | | **Yes  No** | | | | | | | |  |
| **C** | Are the interconnected smoke alarms compatible? | | | | | | | | | | | | | | | | **Yes  No  NA** | | | | | | | |  |
| **D** | Recorded ambient noise level: | | | | | | |  | | dBA | | | | | | |  | | | | | | | |  |
| **E** | Recorded alarm noise level: | | | | | | |  | | dBA | | | | | | |  | | | | | | | |  |
| **F** | Is alarm noise above 15 dBA? | | | | | | | | | | | | | | | | **Yes  No  NA** | | | | | | | |  |
| **G** | Primary source of power: | | | | | | | | | | | | | | | | **Yes  No  NA** | | | | | | | |  |
| **H** | Replaceable Battery | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| Sealed Battery | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| 120 VAC | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| Other | | | | | Specify: | | |  | | | | | | | |  | | | | | | | |  |
| **I** | Secondary source of power: | | | | | | | | | | | | | | | | **Yes  No  NA** | | | | | | | |  |
| **J** | Replaceable Battery | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| Sealed Battery | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| 120 VAC | | | | |  | | | | | | | | | | |  | | | | | | | |  |
| Other | | | | | Specify: | | |  | | | | | | | |  | | | | | | | |  |
| **K** | Interconnected operability confirmed through push button test? | | | | | | | | | | | | | | | | **Yes  No  NA** | | | | | | | |  |
| **L** | Local operation confirmed through simulated smoke test? | | | | | | | | | | | | | | | | **Yes  No  NA** | | | | | | | |  |
| **M** | Comments: |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **N** | A copy of this report will be given to: | | | | | | | | | |  | | | | | | **Yes  No** | | | | | | | |  |
| who is the owner or owner’s representative for this *building*. | | | | | | | | | | | | | | | |
| **CERTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | |
| This certifies that the information contained in this *Smoke Alarm Verification Report* (which incorporates the attached | | | | | | | | | | | | | | | | | | | | |  | | | pages) | |
| is correct and complete. The system and equipment described here-in was tested/inspected in conformance with CAN/ULC-S553-14 by a qualified technician. The equipment was left in an operational condition except as noted above. A copy of this report must be maintained on the premises for examination by the Fire Marshal, Building Inspector, or other *Authority Having Jurisdiction* at their request. | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | **Signature of Installer** | | | | | | | | | | **Company & Contact Information** | | | | | | |  | (Stamp Field) | | | | | |  |
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|  | | | | | | |
| **Print Name:** | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | Telephone: | |  | | | | |
| **Signature of Verifying Technician** | | | | | | | | | | **Company & Contact Information:** | | | | | | |  |
|  | | | | | | | | | |  | | | | | | |
|  | | | | | | |
| **Print Name:** | |  | | | | | | | |  | | | | | | |
|  | | | | | | | | | | Telephone: | |  | | | | |
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CAN/ULC-S553-14 APPENDIX C (INFORMATIVE)

**SMOKE ALARM INSTALLATION AND VERIFICATION REPORT RECORD**

1Type - Smoke Alarm (SA), Heat Alarm (HA), Visual Alarm (VA), Carbon Monoxide Detector (CO), Combination Smoke Alarm/CO Detector (COS)

2Power source - Battery (BA), AC powered (AC), Dual Battery/AC Powered (DU)

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| **Indicate Suite Number**  **(where applicable)** | | **VERIFICATION TEST RECORD SHEET** | | | | | | | |
| Location /  Suite Number | | Type1 | Power  Source2 | Tested  (Y / N) | Installation  Date  (MM/DD/YYYY) | Visual Inspection / Observations | Ambient Sound  Pressure  (dBA) | Alarm Sound Pressure (dBA) | Remarks (refer to additional notes itemized below) |
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| **Note #** | **Additional Remarks** | | | | | | | | |
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