

CAN/ULC-S553-14
APPENDIX "C" (INFORMATIVE)
SMOKE ALARM INSTALLATION AND VERIFICATION REPORT
 (Reference: Clause 4.2.1)

Building Permit Number: _____	Electrical Permit Number: _____	Date: _____
Building Name & Address: _____		
New Installation <input type="checkbox"/> Existing Installation <input type="checkbox"/>		
Smoke Alarm Manufacturer: _____	Model Number: _____	
Date of Manufacture: _____	Date of Installation: _____	(Date of Installation shall be indicated on the device)

A Wiring installation in accordance with Canadian Electrical Code?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
B Location of smoke alarms in accordance with National Building Code of Canada?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C Are the interconnected smoke alarms compatible?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
D Recorded ambient noise level: _____ dBA			
E Recorded alarm noise level: _____ dBA			
F Is alarm noise above 15 dBA?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
G Primary source of power:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
H Replaceable Battery <input type="checkbox"/> Sealed Battery <input type="checkbox"/> 120 VAC <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
I Secondary source of power:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
J Replaceable Battery <input type="checkbox"/> Sealed Battery <input type="checkbox"/> 120 VAC <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
K Interconnected operability confirmed through push button test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
L Local operation confirmed through simulated smoke test?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	NA <input type="checkbox"/>
M Comments: _____			
N A copy of this report will be given to: _____ who is the owner or owner's representative for this <i>building</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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.

Signature of Installer	Company & Contact Information	(Stamp Field)
_____	_____	
Print Name: _____	Telephone: _____	
Signature of Verifying Technician	Company & Contact Information:	
_____	_____	
Print Name: _____	Telephone: _____	

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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)

Indicate Suite Number (where applicable)	VERIFICATION TEST RECORD SHEET							
Location / Suite Number	Type ¹	Power Source ²	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)

Note #	Additional Remarks