

Fire Alarm System - Certificate of Completion

This form must be completed and available to the fire inspector upon their arrival to conduct a final fire alarm system performance test.

Location of Fire Alarm System _____

Alarm System Installer _____

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/Sate/Zip: _____

Telephone #: _____

Telephone #: _____

Contact: _____

Contact: _____

General Information:

Alarm Panel Manufacturer: _____ Model: _____

Alarm Panel Location: _____

Telephone Circuit #: _____ Position No.: _____

SPRINKLER SYSTEMS

Inspectors Test Valve Location: _____

Time of Opening of Test Valve to Alarm: _____

Main Drain Test Date: _____

Static Pressure: _____ **PSI**

Residual Pressure (Flowing): _____ **PSI**

Normal Operating Pressure of System: _____ **PSI**

Date of Last Fire Pump Test (If Applicable): _____

Alarm And Detection Equipment

1. Fire Alarm Control Panel

YES NO N/A

- A. Does the panel indicate normal conditions?
- B. Are all indicating lamps in working order?
- C. Does the trouble light operate?
- D. Does the silence switch operate?
- E. Does the panel have Battery Backup?
- F. Are the Batteries properly charged?
- G. Does the panel have Zone Disable Capabilities?

DEVICES	QTY.	QTY. TESTED	CLEANED	OK
2. Remote Annunciators				
3. Zones				
4. Manual Pull Stations				
A. Coded				
B. Non-Coded				
5. Detectors				
A. Photoelectric				
B. Ionization				
C. Thermal				
D. Flame				
E. Duct				
F. Rate of Rise				
G. Fixed Temperature				
6. Audible Alarms				
A. Bell				
B. Siren				
C. Horn				
D. Horn & Strobe				
7. Water Flow Switches				
A. Paddle Type				
B. Pressure Type				
8. Tamper Switches				
A. O.S. & Y				
B. P.I.V.				
9. Other				

Comments: _____

Did the Alarm Monitoring Company Receive the Signal? **Yes** **No**

Date: _____ **Time:** _____

Is the Alarm System Back In Service: **Yes** **No**

ALARM INSTALLER CERTIFICATION

I, _____, representing the Firm _____, have installed the Fire Alarm System at the location detailed above in accordance with the approved plans and have tested the system in accordance with the manufacturer's specifications and appropriate NFPA requirements and Local Ordinances.

Alarm Installer: _____

Date: _____