

## 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**

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### **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:** \_\_\_\_\_