DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT

DIVISION OF CODE ENFORCEMENT

Ben Walsh, Mayor

SMOKE / FIRE ALARM INSTALLATION / CERTIFICATE FORM

ADDRESS _____

NAME _____

1.) _____ CERTIFICATION OF SYSTEM INSTALLATION

_____ CERTIFICATION OF SYSTEM OPERATION

2.) METHOD OF INSPECTION / REQUIREMENTS

a. NFPA 72 (A thru F) _____
b. Job Specifications _____
c. NFPA 72 E _____
d. NFPA article 760 _____
e. Other _____
_____
_____

3.) SYSTEM TYPE EQUIPMENT TYPE / MODEL

a. Local _____
b. Central Station _____
c. Other _____
d. Panel _____
e. Other Equipment _____
_____

4.) INITIATING DEVICES Quantity _____ Style _____

a. Manual pull stations _____
b. Smoke detectors (ion) _____
c. Smoke detectors (photo) _____
d. Duct detectors _____
e. Water flow switches _____
f. Other (describe) _____
_____
_____

Equipment Manufacturer(s) _____
_____

5.) ALARM INDICATING APPLIANCES QUANTITY _____

a. Bells _____ w/ Visual _____
b. Horns _____ w/ Visual _____
c. Chimes _____ w/ Visual _____
d. Other (describe) _____
_____

6.) SUPERVISORY INITIATING APPLIANCES

a. Sprinkler control valve _____
b. Building temperature _____
c. Waterflow tamper _____
d. PIV _____
e. OS&Y _____
f. Fire pump power _____
g. Fire pump running _____
h. Other _____
_____

7.) SYSTEM POWER SUPPLIES

a. Primary power Nominal voltage _____

Overcurrent Protection Amperage _____ Type _____

Location _____

b. Standby Battery(ies)

Type _____ Condition _____

A / Hr _____ _____

c. Amperage draw in standby (main off) _____

d. Calculate standby capacity in hours _____

8.) AUXILIARY REPORTING

Type _____

Location _____

Termination _____

9.) REMARKS, OBSERVATIONS, DEVIATIONS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNED _____ DATE _____

ORGANIZATION _____ LICENSE #_____

OTHERS PRESENT FOR TEST _____

_____

_____

FORM FACF-2