

# FIRE ALARM SYSTEM RECORD OF COMPLETION

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.*

*It shall be permitted to modify this form as needed to provide a more complete and/or clear record.*

*Insert N/A in all unused lines.*

*Attach additional sheets, data, or calculations as necessary to provide a complete record.*

**Form must be submitted / uploaded before requesting Final Fire Alarm Inspection**

Form Completion Date: \_\_\_\_\_ Supplemental Pages Attached: \_\_\_\_\_

## 1. PROPERTY INFORMATION

Name of property: \_\_\_\_\_

Address: \_\_\_\_\_

Description of property: \_\_\_\_\_

Name of property representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. INSTALLATION, SERVICE, TESTING, AND MONITORING INFORMATION

Installation contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Service organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Testing organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Effective date for test and inspection contract: \_\_\_\_\_

Monitoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: \_\_\_\_\_ Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

## 4. DESCRIPTION OF SYSTEM OR SERVICE

This is a:  New system  Modification to existing system Permit number: \_\_\_\_\_

NFPA 72 edition: \_\_\_\_\_

### 4.1 Control Unit

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

### 4.2 Software and Firmware

Firmware revision number: \_\_\_\_\_

### 4.3 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: \_\_\_\_\_ Alarm verification set for \_\_\_\_\_ seconds

**SYSTEM RECORD OF COMPLETION (continued)**

**5. SYSTEM POWER**

**5.1 Control Unit**

**5.1.1 Primary Power**

Input voltage of control panel: \_\_\_\_\_ Control panel amps: \_\_\_\_\_

Overcurrent protection: Type: \_\_\_\_\_ Amps: \_\_\_\_\_

Branch circuit disconnecting means location: \_\_\_\_\_ Number: \_\_\_\_\_

**5.1.2 Secondary Power**

Type of secondary power: \_\_\_\_\_

Location, if remote from the plant: \_\_\_\_\_

Calculated capacity of secondary power to drive the system:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

**5.2 Control Unit**

- This system does not have power extender panels
- Power extender panels are listed on supplementary sheet A

**6. CIRCUITS AND PATHWAYS**

Pathway Type	Dual Media Pathway	Separate Pathway	Class	Survivability Level
Signaling Line				
Device Power				
Initiating Device				
Notification Appliance				
Other (specify):				

**7. REMOTE ANNUNCIATORS**

Type	Location

**8. INITIATING DEVICES**

Type	Quantity	Addressable or Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations				
Smoke Detectors				
Duct Smoke Detectors				
Heat Detectors				
Gas Detectors				
Waterflow Switches				
Tamper Switches				

**SYSTEM RECORD OF COMPLETION (continued)**

**9. NOTIFICATION APPLIANCES**

Type	Quantity	Description
Audible		
Visible		
Combination Audible and Visible		

**10. SYSTEM CONTROL FUNCTIONS**

Type	Quantity
Hold-Open Door Releasing Devices	
HVAC Shutdown	
Fire/Smoke Dampers	
Door Unlocking	
Elevator Recall	
Elevator Shunt Trip	

**11. INTERCONNECTED SYSTEMS**

- This system does not have interconnected systems.
- Interconnected systems are listed on supplementary sheet \_\_\_\_\_ .

**12. CERTIFICATION AND APPROVALS**

**12.1 System Installation Contractor**

This system as specified herein has been installed according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.2 System Operational Test**

This system as specified herein has tested according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**12.3 Acceptance Test**

Date and time of acceptance test: \_\_\_\_\_  
 Installing contractor representative: \_\_\_\_\_  
 Testing contractor representative: \_\_\_\_\_  
 Property representative: \_\_\_\_\_  
 AHJ representative: \_\_\_\_\_

