



## Certificate of Completion

### Fire Alarm Systems and Fire Protection Monitoring Systems

**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 System

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contact: \_\_\_\_\_

#### System Installer

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Contact: \_\_\_\_\_

#### General Information:

Alarm Panel Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

Alarm Panel Location: \_\_\_\_\_

Annunciator Panel Location(s): \_\_\_\_\_

Primary Telephone #: \_\_\_\_\_ Secondary Telephone #: \_\_\_\_\_

#### Sprinkler Systems

	Inspectors Test Valve Location	Time to Alarm	Main Drain Test Date	Static Pressure	Residual Pressure
Zone 1					
Zone 2					
Zone 3					
Zone 4					
Zone 5					
Zone 6					
Zone 7					
Zone 8					
Zone 9					
Zone 10					
Zone 11					
Zone 12					

## Alarm and Detection Equipment

### Fire Alarm Control Panel

	Yes	No	N/A
Does panel indicate normal conditions?			
Are all indicating lamps in working order			
Does the trouble light operate?			
Do audible panel alarms operate?			
Does the silence switch operate?			
Are batteries properly installed?			
Does panel have zone disable capabilities?			

### Detection and Notification Devices

Devices	Quantity	Quantity Tested	Cleaned	OK	Failed
Remote Annunciators					
Zones					
Manual Pull Stations					
Detectors					
Photoelectric					
Ionization					
Thermal					
Flame					
Rate of Rise					
Fixed Temperature					
Duct					
Audible Alarm Devices					
Bell					
Horn					
Horn & Strobe					
Water Flow Switches					
Paddle Type					
Pressure Type					
Tamper Switches					
O.S. & Y. Valves					
Butterfly Valves					
Post Indicator Valve					
Other					

Comments: \_\_\_\_\_

\_\_\_\_\_

Did the Alarm Monitoring Company Receive the Signals? \_\_\_\_ Yes \_\_\_\_ No – Date: \_\_\_\_\_

Is the Alarm System Back In Service? \_\_\_\_ Yes \_\_\_\_ No

### Alarm Installer Certification

I, \_\_\_\_\_, representing the firm \_\_\_\_\_, have installed the fire alarm system/fire protection monitoring 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: \_\_\_\_\_