



FIRE ALARM SYSTEM
RECORD OF COMPLETION
CITY OF WAYNESBORO, BUILDING & ZONING DEPARTMENT

A.) PROTECTED PROPERTY INFORMATION:

Name and Description of Property: _____

Address: _____

Occupancy Type: _____

Name of property representative: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Authority having jurisdiction over this property: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

B.) FIRE ALARM SYSTEM INSTALLATION, SERVICE AND TESTING INFORMATION:

Installation Contractor for this equipment: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Service organization for this equipment: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Location of as-built drawings: _____

Location of historical test reports: _____

Location of system operation and maintenance manuals: _____

A contract for test and inspection in accordance with NFPA standards is in effect as of: _____

Contracted testing company: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Contract expires: _____ Contract number: _____ Frequency of routine inspections: _____

C.) TYPE OF FIRE ALARM SYSTEM OR SERVICE:

NFPA 72 Chapter Reference of System Type: _____

Name of organization receiving alarm signals with phone numbers (if applicable): _____

Alarm: _____ Phone: _____

Supervisory: _____ Phone: _____

Trouble: _____ Phone: _____

Entity to which alarms are retransmitted: _____ Phone: _____

Method of retransmission of alarms to that organization or location: _____

If Chapter 8, note the means of transmission from the protected premises to the central station: Digital alarm communicator

McCulloh Multiplex 2-way radio 1-way radio N/A

If Chapter 9, note the type of connection: Local energy Shunt N/A

C.1) System Software

Operating system (executive) software revision level: _____

Site-specific software revision date: _____ Revision completed by: _____

D.) SIGNALING LINE CIRCUITS:

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: _____ Style: _____ Class: _____

E.) ALARM-INITIATING DEVICES AND CIRCUITS:

Characteristics of initiating device circuits connected to this system (See NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

E.1) Manual Initiating Devices

Manual Pull Stations

Number of manual pull stations: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

E.2) Automatic Initiating Devices

a.) Area Smoke Detectors

Number of smoke detectors: _____

Type of coverage: Complete Area Partial Area Nonrequired Partial Area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

b.) Duct Smoke Detectors

Number of duct smoke detectors: _____

Type of coverage: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

Type of smoke detector sensing technology: Ionization Photoelectric

c.) Heat Detectors

Number of heat detectors: _____

Type of coverage: Complete Area Partial Area Nonrequired Partial Area N/A

Type of devices: Addressable Conventional Coded Transmitter N/A

d.) Sprinkler Waterflow Detectors

Number of waterflow detectors: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

e.) Alarm Verification

Number of devices subject to alarm verification: _____

Alarm verification on this system is: Enabled Disabled Set for _____ seconds

F.) SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS:

F.1) Sprinkler System

Number of valve supervisory switches: _____

Type of devices: Addressable Conventional Coded Transmitter N/A

F.2) Fire Pump

Type of fire pump: Electric Diesel

Type of fire pump supervisory devices: Addressable Conventional Coded Transmitter N/A

Fire Pump Functions Supervised

Fire pump power Fire pump running Fire pump phase reversal Selector switch not in auto

Engine or control panel trouble Low fuel Other: _____

F.3) Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A

Engine or control panel trouble Generator running Selector switch not in auto Low fuel

Other: _____

G.) ANNUNCIATORS

Annunciator 1: Local Remote

Type: Addressable Directory Graphic N/A Location: _____

Annunciator 2: Local Remote

Type: Addressable Directory Graphic N/A Location: _____

Annunciator 3: Local Remote

Type: Addressable Directory Graphic N/A Location: _____

H.) ALARM NOTIFICATION DEVICES AND CIRCUITS

H.1) Emergency Voice Alarm Service

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker zones: _____

H.2) Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: Electrically powered Sound powered N/A

H.3) Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

H.4) Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device: _____ Horns: _____ With visual device: _____

Chimes: _____ With visual device: _____

Visual devices without audible devices: _____ Other (describe): _____

I.) EMERGENCY CONTROL FUNCTIONS ACTIVATED

- Hold-open door releasing devices Smoke management or smoke control Door unlocking
 Elevator recall Other _____

J.) SYSTEM POWER SUPPLY

J.1) Primary Power

Nominal voltage _____ Amps _____

Overcurrent protection: Type: _____ Amps _____

Location (of primary supply panelboard): _____

Disconnection means location: _____

J.2) Secondary Power

Location: _____ Type: _____

Nominal voltage: _____ Current rating: _____

Number of standby batteries: _____ Amp hour rating: _____

Location of emergency generator: _____

Location of fuel storage: _____

Calculated capacity of secondary power to drive the system

In standby mode: _____ In alarm mode: _____

M.2) System Service Contractor

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

Signed: _____

Printed name: _____ Date: _____

Organization: _____

Title: _____ Phone #: _____

E-mail address: _____

M.3) Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____

Printed name: _____ Date: _____

Organization: _____

Title: _____ Phone #: _____

E-mail address: _____

M.4) Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: _____

Printed name: _____ Date: _____

Organization: _____

Title: _____ Phone #: _____

E-mail address: _____

M.5) City of Waynesboro Representative

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations and with all NFPA standards cited herein.

_____ Date: _____

Building Official

Comments: _____
