



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): \_\_\_\_\_

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**I.) EMERGENCY CONTROL FUNCTIONS ACTIVATED**

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

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

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### K.) RECORD OF SYSTEM INSTALLATION

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults and improper branching but before conducting operational acceptance tests.

The system has been installed in accordance with the following NFPA standards: (Note any or all that apply)

- NFPA 72
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's published instructions
- Other (please specify): \_\_\_\_\_

System deviations from referenced NFPA standards: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### L.) RECORD OF SYSTEM OPERATION

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below and were found to be operating properly in accordance with the requirements of:

- NFPA 72
- NFPA 70, National Electrical Code, Article 760
- Manufacturer's published instructions
- Other (please specify): \_\_\_\_\_

Signed: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_

Title: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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### M.) CERTIFICATIONS AND APPROVALS

#### M.1) System Installation 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.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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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