

**FIRE ALARM SYSTEM RECORD OF COMPLETION**

*To be completed by the system installation contractor at the time of system acceptance and approval.*

**1. PROTECTED PROPERTY INFORMATION**

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

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

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

Occupancy type: \_\_\_\_\_

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

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

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

Authority having jurisdiction over this property: \_\_\_\_\_

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

**2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION**

Installation contractor for this equipment: \_\_\_\_\_

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

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

Service organization for this equipment: \_\_\_\_\_

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

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

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: \_\_\_\_\_

Contract expires: \_\_\_\_\_ Contract number: \_\_\_\_\_ Frequency of routine inspections: \_\_\_\_\_

**3. 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: \_\_\_\_\_

**FIGURE 4.5.2.1 Record of Completion.**

**3. TYPE OF FIRE ALARM SYSTEM OR SERVICE (continued)**

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

**3.1 System Software**

Operating system (executive) software revision level: \_\_\_\_\_

Site-specific software revision date: \_\_\_\_\_ Revision completed by: \_\_\_\_\_

**4. SIGNALING LINE CIRCUITS**

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

Quantity: \_\_\_\_\_ Style: <sup>4</sup> \_\_\_\_\_ Class: <sup>B</sup> \_\_\_\_\_

**5. ALARM-INITIATING DEVICES AND CIRCUITS**

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

Quantity: \_\_\_\_\_ Style: \_\_\_\_\_ Class: <sup>A</sup> \_\_\_\_\_

**5.1 Manual Initiating Devices**

**5.1.1 Manual Pull Stations** Number of manual pull stations: \_\_\_\_\_

Type of devices:  Addressable  Conventional  Coded  Transmitter  N/A

**5.2 Automatic Initiating Devices**

**5.2.1 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

**5.2.2 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

**5.2.3 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

**5.2.4 Sprinkler Waterflow Detectors** Number of waterflow detectors: \_\_\_\_\_

Type of devices:  Addressable  Conventional  Coded  Transmitter  N/A

**5.2.5 Alarm Verification** Number of devices subject to alarm verification: \_\_\_\_\_

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

FIGURE 4.5.2.1 *Continued*

**6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS**

**6.1 Sprinkler System**

Number of valve supervisory switches: \_\_\_\_\_

Type of devices:  Addressable  Conventional  Coded  Transmitter  N/A

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

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

**7. ANNUNCIATORS**

**7.1 Annunciator 1**  Local  Remote

Type:  Addressable  Directory  Graphic  N/A Location: \_\_\_\_\_

**7.2 Annunciator 2**  Local  Remote

Type:  Addressable  Directory  Graphic  N/A Location: \_\_\_\_\_

**7.3 Annunciator 3**  Local  Remote

Type:  Addressable  Directory  Graphic  N/A Location: \_\_\_\_\_

**8. ALARM NOTIFICATION DEVICES AND CIRCUITS**

**8.1 Emergency Voice Alarm Service**

Number of single voice alarm channels: \_\_\_\_\_ Number of multiple voice alarm channels: \_\_\_\_\_

Number of speakers: \_\_\_\_\_ Number of speaker zones: \_\_\_\_\_

**8.2 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

**8.3 Nonvoice Audible System**

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

Quantity: \_\_\_\_\_ Style: \_\_\_\_\_ Class: \_\_\_\_\_

FIGURE 4.5.2.1 *Continued*

**8. ALARM NOTIFICATION DEVICES AND CIRCUITS (continued)****8.4 Types and Quantities of Nonvoice Notification Appliances Installed**

Bells: \_\_\_\_\_ With visual device: \_\_\_\_\_ Horns: \_\_\_\_\_ With visual device: \_\_\_\_\_

Chimes: \_\_\_\_\_ With visual device: \_\_\_\_\_ Bells: \_\_\_\_\_ With visual device: \_\_\_\_\_

Visual devices without audible devices: \_\_\_\_\_ Other (describe): \_\_\_\_\_

**9. EMERGENCY CONTROL FUNCTIONS ACTIVATED**

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

**10. SYSTEM POWER SUPPLY****10.1 Primary Power**

Nominal voltage \_\_\_\_\_ Amps \_\_\_\_\_

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

Location (of primary supply panelboard): \_\_\_\_\_

Disconnecting means location: \_\_\_\_\_

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

**11. 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: \_\_\_\_\_

**12. 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): \_\_\_\_\_  
 Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

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

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

FIGURE 4.5.2.1 *Continued*

**13. CERTIFICATIONS AND APPROVALS**

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

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

**13.3 Central Station**

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

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

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**13.5 Authority Having Jurisdiction**

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.

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

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

FIGURE 4.5.2.1 *Continued*