



CERTIFICATE OF COMPLETION

NAME OF PROTECTED PROPERTY _____

ADDRESS _____

REPRESENTATIVE OF PROTECTED PROPERTY (Name/Phone) _____

AUTHORITY HAVING JURISDICTION _____

ADDRESS/PHONE NUMBER _____

1. TYPE(S) OF SYSTEM OR SERVICE:

- NFPA 72, CHAPTER 3 - LOCAL

If alarm is transmitted to location(s) off premise, list where received:

- NFPA 72, CHAPTER 3 – EMERGENCY VOICE/ALARM SERVICE

Quantity of voice/alarm channels: _____ Single: _____ Multiple: _____

Quantity of speakers installed: _____ Quantity of speaker zones: _____

Quantity of telephones or telephone jacks included in system: _____

- NFPA 72, CHAPTER 4 – AUXILIARY

Indicate type of connection:

Local energy _____ Shunt _____ Parallel telephone _____

Location and telephone number of receipt of signals:

- NFPA 72, CHAPTER 4 – REMOTE STATION

Alarm: _____

Supervisory: _____

- NFPA 72, CHAPTER 4 – PROPRIETARY

If alarms are retransmitted to public fire service communications center or others, indicate location and telephone number of the organization receiving alarm:

Indicate how alarm is retransmitted:

- NFPA 72, CHAPTER 4 – CENTRAL STATION

The Prime Contractor: _____

Central Station Location: _____

Means of transmission of signals from the protected premise to the central station:

- | | | |
|---|--|--|
| <input type="checkbox"/> McCulloh | <input type="checkbox"/> Multiplex | <input type="checkbox"/> One-Way Radio |
| <input type="checkbox"/> Digital Alarm Communicator | <input type="checkbox"/> Two-Way Radio | <input type="checkbox"/> Others |

Means of transmission of alarms to the public fire service communications center:

1. _____

2. _____

System Location: _____

	Organization Phone/Number	Representative Name/Phone
Installer	_____	_____
Supplier	_____	_____
Service Organization	_____	_____

Location of Record (As-Built) Drawings:

Location of Owners Manual:

Location of Test Reports:

A contract, dated _____, for test and inspection in accordance with NFPA standard(s) No.(s) _____, dated _____, is in effect.

2. CERTIFICATION OF SYSTEM INSTALLATION *(Fill out after installation is complete and wiring checked for opens, shorts, grounds faults, and improper branching, but prior to conducting operational acceptance tests.)*

This system has been installed in accordance with the NFPA standards as listed below, was inspected by _____ on _____, includes the devices listed below and has been in service since _____.

- NFPA 72, Chapters 1 3 4 5 6 7 (circle all that apply)
- NFPA 70, *National Electrical Code*, Article 760
- Manufacturer's Instructions
- Other (specify): _____

Signed: _____ Date: _____
Organization: _____

3. CERTIFICATION OF SYSTEM OPERATION

All operational features and functions of this system were tested by _____ on _____ and found to be operating properly in accordance with the requirements of:

- NFPA 72, Chapters 1 3 4 5 6 7 (circle all that apply)
- NFPA 70, *National Electrical Code*, Article 760
- Manufacturer's Instructions
- Other (specify): _____

Signed: _____ Date: _____
Organization: _____

4. ALARM INITIATING DEVICES AND CIRCUITS *(Use blanks to indicate quantity of devices.)*
MANUAL

- a) _____ Manual Stations _____ Non-coded, Activating _____ Transmitters _____ Coded
- b) _____ Combination Manual Fire Alarm and Guard's Tour Coded Stations

- AUTOMATIC - Coverage: Complete _____ Partial _____
- a) _____ Smoke Detectors _____ Ion _____ Photo
 - b) _____ Duct Detectors _____ Ion _____ Photo
 - c) _____ Heat Detectors _____ FT _____ RR _____ FT/RR _____ RC
 - d) _____ Sprinkler Water Flow Switches:
_____ Non-coded, Activating _____ Transmitters _____ Coded
 - e) _____ Other (list): _____

5. SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUITS (Use blanks to indicate quantity of devices.)

GUARD'S TOUR

- a) _____ Coded Stations
 - b) _____ Non-coded Stations Activating _____ Transmitters
 - c) Compulsory Guard Tour System Comprised of _____ Transmitter Stations and _____ Intermediate Stations
- Note: Combination devices recorded under 4(b) and 5(a).

SPRINKLER SYSTEM

- a) _____ Coded Valve Supervisory Signaling Attachments
Valve Supervisory Switches Activating _____ Transmitters
- b) _____ Build Temperature Points
- c) _____ Site Water Temperature Points
- d) _____ Site Water Supply Level Points

Electric Fire Pump:

- e) _____ Fire Pump Power
- f) _____ Fire Pump Running
- g) _____ Phase Reversal

Engine-Driven Fire Pump:

- h) _____ Selector in Auto Position
- i) _____ Engine or Control Panel Trouble
- j) _____ Fire Pump Running

Engine-Driven Generator:

- k) _____ Selector in Auto Position
- l) _____ Control Panel Trouble
- m) _____ Transfer Switches
- n) _____ Engine Running

Other Supervisory Function(s) (specify):

6. ALARM NOTIFICATION APPLIANCES AND CIRCUITS

Quantity of indicating appliance circuits connected to the system: _____

Types and quantities of alarm indicating appliances installed:

- a) _____ Bells _____ Inch
_____ Speakers
- b) _____ Horns
- c) _____ Chimes
- d) _____ Other: _____
- e) _____ Visual Signals Type: _____ with audible without audible
- f) _____ Local Annunciator

7. SIGNALING LINE CIRCUITS

Quantity and Style (See NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity: _____ Style: _____

8. SYSTEM POWER SUPPLIES

- a) Primary (Main): Nominal Voltage: _____ Current Rating: _____
Overcurrent Protection: Type: _____ Current Rating: _____
Location: _____
- b) Secondary (Standby):
_____ Storage Battery: Amp-Hour Rating: _____
Calculated capacity to drive system, in hours: _____ 24 _____ 60
_____ Engine-driven generator dedicated to fire alarm system:
Location of fuel storage: _____

c) Emergency or Standby System used as backup to Primary Power Supply, instead of using a Secondary Power Supply:

_____ Emergency System described in NFPA 70, Article 700

_____ Legally Required Standby System described in NFPA 70, Article 701

_____ Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701

9. SYSTEM SOFTWARE

a) Operating System Software Revision Level(s): _____

b) Application Software Revision Level(s): _____

c) Revision Completed by: _____

(name)

(firm)

10. COMMENTS:

(signed) for Central Station or Alarm Service Company

(title)

(date)

Frequency of routine tests and inspections, if other than in accordance with the referenced NFPA standard(s):

System deviations from the referenced NFPA standard(s) are:

(signed) for Central Station or Alarm Service Company

(title)

(date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

(signed) representative of the authority having jurisdiction

(title)

(date)