



City of Salisbury Fire Department

325 Cypress Street
Salisbury, MD 21801
(410)548-3120
Fax (410)548-3121



Commercial Fire Alarm & Detection Systems – Record of Completion

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

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

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: City of Salisbury Fire Marshal's Office

Phone: 410-548-3120 Fax: 410-548-3121 E-mail: firemarshal@salisbury.md

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: _____

Address: _____

License or certification number: _____

Phone: _____ Fax: _____ E-mail: _____

Service organization for this equipment: _____

Address: _____

License or certification number: _____

Phone: _____ Fax: _____ E-mail: _____

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: _____

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

3. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm system (nonvoice)
- Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- Mass notification system (MNS)
- Combination system, with the following components:
- Fire alarm EVACS MNS Two-way, in-building, emergency communication system
- Other (specify): _____

NFPA 72 edition: _____ Additional description of system(s): _____

3.1 Control Unit

Manufacturer: _____ Model number: _____

3.2 System Documentation

- An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the numbered record drawings are stored on site. Location: _____

3.3 System Software

- This system does not have alterable site-specific software.

Operating system (executive) software revision level: _____

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

- A copy of the site-specific software is stored on site. Location: _____

3.4 Off-Premises Signal Transmission

- This system does not have off-premises transmission.

Name of organization receiving alarm signals with phone numbers:

Alarm: _____ Phone: _____

Supervisory: _____ Phone: _____

Trouble: _____ Phone: _____

Entity to which alarms are retransmitted: _____ Phone: _____

Method of retransmission: _____

4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability

Pathways class: _____ Survivability level: _____ Quantity: _____

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability

Pathways class: _____ Survivability level: _____ Quantity: _____

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

5. ALARM INITIATING DEVICES

5.1 Manual Initiating Devices

5.1.1 Manual Fire Alarm Boxes

This system does not have manual fire alarm boxes.

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

5.2 Automatic Initiating Devices

5.2.1 Smoke Detectors

This system does not have smoke detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: Complete area Partial area Nonrequired partial area

Other (specify): _____

Type of smoke detector sensing technology: Ionization Photoelectric Multicriteria Aspirating Beam

Other (specify): _____

5.2.2 Duct Smoke Detectors

This system does not have alarm-causing duct smoke detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Other (specify): _____

Type of coverage: _____

Type of smoke detector sensing technology: Ionization Photoelectric Aspirating Beam

5.2.3 Heat Detectors

This system does not have heat detectors.

Type and number of devices: Addressable: _____ Conventional: _____

Type of coverage: Complete area Partial area Nonrequired partial area Linear Spot

Type of heat detector sensing technology: Fixed temperature Rate-of-rise Rate compensated

5.2.4 Addressable Monitoring Modules

This system does not have monitoring modules.

Number of devices: _____

5.2.5 Waterflow Alarm Devices

This system does not have waterflow alarm devices.

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

5.2.6 Alarm Verification

This system does not incorporate alarm verification.

Number of devices subject to alarm verification: _____ Alarm verification set for _____ seconds

5.2.7 Presignal

This system does not incorporate pre-signal.

Number of devices subject to presignal: _____

Describe presignal functions: _____

5.2.8 Positive Alarm Sequence (PAS)

This system does not incorporate PAS.

Describe PAS: _____

5.2.9 Other Initiating Devices

This system does not have other initiating devices.

Describe: _____

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices

This system does not have sprinkler supervisory devices.

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

6.2 Fire Pump Description and Supervisory Devices

This system does not have a fire pump.

Type fire pump: Electric pump Engine

Type and number of devices: Addressable: _____ Conventional: _____ Coded: _____ Transmitter: _____

Other (specify): _____

6.2.1 Fire Pump Functions Supervised

Power Running Phase reversal Selector switch not in auto Engine or control panel trouble Low fuel

Other (specify): _____

6.3 Other Supervisory Devices

This system does not have other supervisory devices.

Describe: _____

7. MONITORED SYSTEMS

7.1 Engine-Driven Generator

This system does not have a generator.

7.1.1 Generator Functions Supervised

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

Other (specify): _____

7.2 Special Hazard Suppression Systems

This system does not monitor special hazard systems.

Description of special hazard system(s): _____

7.3 Other Monitoring Systems

This system does not monitor other systems.

Description of special hazard system(s): _____

8. ANNUNCIATORS

This system does not have annunciators.

8.1 Location and Description of Annunciators

Location 1: _____

Location 2: _____

Location 3: _____

9. ALARM NOTIFICATION APPLIANCES

9.1 In-Building Fire Emergency Voice Alarm Communication System

This system does not have an EVACS.

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

Number of speakers: _____ Number of speaker circuits: _____

Location of amplification and sound-processing equipment: _____

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

9. ALARM NOTIFICATION APPLIANCES (continued)

Location of paging microphone stations:

Location 1: _____

Location 2: _____

Location 3: _____

9.2 Nonvoice Notification Appliances

This system does not have nonvoice notification appliances.

Horns: _____ With visible: _____ Bells: _____ With visible: _____

Chimes: _____ With visible: _____

Visible only: _____ Other (describe): _____

9.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

Quantity: _____

Locations: _____

10. CONTROL FUNCTIONS

This system activates the following control functions:

Hold-open door releasing devices Smoke management HVAC shutdown F/S dampers

Door unlocking Elevator recall Fuel source shutdown Extinguishing agent release

Elevator shunt trip Mass notification system override of fire alarm notification appliances

Other (specify): _____

10.1 Addressable Control Modules

This system does not have control modules.

Number of devices: _____

Other (specify): _____

11. SYSTEM POWER

11.1 Control Unit

11.1.1 Primary Power

Input voltage of control panel: _____ Control panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panel board): _____

Disconnecting means location: _____

11.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

11.1.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

11. SYSTEM POWER (continued)

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

11.1.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture Battery calculations are attached

11.2 In-Building Fire Emergency Voice Alarm Communication System This system does not have an EVACS.

11.2.1 Primary Power

Input voltage of EVACS panel: _____ EVACS panel amp: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panel board): _____

Disconnecting means location: _____

11.2.2 Engine-Driven Generator This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

11.2.3 Uninterruptible Power System This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

11.2.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture Battery calculations are attached

11.3 Notification Appliance Power Extender Panels This system does not have power extender panels.

11.3.1 Primary Power

Input voltage of power extender panel(s): _____ Power extender panel amps: _____

Overcurrent protection: Type: _____ Amps: _____

Location (of primary supply panel board): _____

Disconnecting means location: _____

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

11. SYSTEM POWER (continued)

11.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

11.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

11.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture Battery calculations are attached

12. 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.

This is a: New system Modification to an existing system Permit number: _____

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

NFPA 72, Edition: _____

NFPA 70, National Electrical Code, Article 760, Edition: _____

Manufacturer's published instructions

Other (specify): _____

System deviations from referenced NFPA standards: _____

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

New system

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 for the following:

Modifications to an existing system

All newly modified operational features and functions of the 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 the following:

Commercial Fire Alarm & Detection Systems – Record of Completion (continued)

13. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST (continued)

- NFPA 72, Edition: _____
- NFPA 70, National Electrical Code, Article 760, Edition: _____
- NFPA 101
- Manufacturer's published instructions

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

14. CERTIFICATIONS AND APPROVALS

14.1 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: _____

14.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

14.3 Supervising Station:

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

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

14.4 Property or Owner 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: _____

14.5 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, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____