

Fire doors	Other (DAS/VESDA, FARS...)
Fire fighter phone jacks	Other (DAS/VESDA, FARS...)
Fire fighter phone sets	Other (DAS/VESDA, FARS...)
Stairway Door Locks	
Electric bolt	Other locking devices
Electric strike	

Battery and Power Supply Info						
Location	Vendor Assigned ID	Charge Voltage	Battery Voltage	Load Voltage	Date	Size

Power Expander Panels
Number of units

Installing Contractor Information

Company Name:	Phone:
Address:	Emergency Phone:
	Email:

Certified Technician/Installer Information

Technician/Installer Name:
Certification No: | Cert Type:

REPORT OF PRE-TESTING FOR USE PRIOR TO AHJ INSPECTION AND SYSTEM ACCEPTANCE

Date of System Pre-Test:
Record of completion in accordance with NFPA 72: By checking this box I verify that the system or portion thereof has been installed and tested in accordance with the approved plans and specifications (2021 FC 907.7.2) Yes

The items on the checklists below shall be tested. This list does not constitute all of the required acceptance criteria of the fire and life safety system. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 72 STANDARD and the MANUFACTURER'S INSTRUCTIONS for installation. ONLY SELECT N/A FOR ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE.

PRE-TEST STEPS AND INFORMATION

AVOID "FALSE ALARMS" TO FIRE DEPARTMENT BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions may cause preventable alarms.

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|----|--|------------------------------|------------------------------|
| 1 | The building occupants were notified, if building is occupied. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 2 | The onsite supervisory station was notified. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 3 | The Central Station Monitoring Service was notified to place FAS in test mode. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 4 | Proof of fire alarm/electrical permit signed off, available for Fire Department inspector. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 5 | Proof of certification for elevators (final white tag), if applicable. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 6 | Fire Department plan review and permitting requirements have been met. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 7 | The key to the panel is available at the FACP. | <input type="checkbox"/> Yes | <input type="checkbox"/> N/A |
| 8 | The operating instructions are available in a documentation cabinet or another approved location. | <input type="checkbox"/> Yes | |
| 9 | Plans, as-builts, cut-sheets and other construction documentation is available in a documentation cabinet or other approved location. | <input type="checkbox"/> Yes | |
| 10 | Stamped/approved set of fire system plans available for fire department inspector and attached to inventory section (prior section of this report) in The Compliance Engine. | <input type="checkbox"/> Yes | |
| 11 | Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, plates, keys and allen wrenches, etc. | <input type="checkbox"/> Yes | |

ALARM PANEL

12	The FACP operates on AC power.	<input type="checkbox"/> Yes	
13	If the system has batteries, the FACP operates on Battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
14	If the system has emergency generator/standby power, the FACP operates on emergency generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
15	If the system has battery or standby power, the trouble indicators function properly and a trouble signal comes on with AC power off.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

INITIATING DEVICES AND NOTIFICATION APPLIANCES

16	Initiating & notification appliances tested operate properly on AC power.	<input type="checkbox"/> Yes	
17	If system has generator/standby power, initiating and notification appliances tested operate properly on generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
18	If system has batteries, initiating and notification appliances operate properly on battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
19	100% of the INITIATING DEVICES per circuit are in accordance with the NFPA 72 Chapter 14 standards referenced by the current fire code.	<input type="checkbox"/> Yes	
20	100% of smoke detectors included in this report of pre-testing have been sensitivity tested/calibrated per NFPA 72.	<input type="checkbox"/> Yes	
21	100% of the AUDIBLE NOTIFICATION APPLIANCES per circuit are in accordance with 2019 NFPA 72 Chapter 14.	<input type="checkbox"/> Yes	
22	The audible notification appliances provide sound levels that meet the requirements of NFPA 72.	<input type="checkbox"/> Yes	
23	The audible notification appliances in residential units generate a minimum of 75dBA at the pillow in the sleeping areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
24	100% of the VISUAL NOTIFICATION APPLIANCES per circuit are in accordance with 2019 NFPA 72 Chapter 14.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
25	Positive alarm sequence programming and panel perform to standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

BATTERIES

26	Batteries tested per NFPA 72.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
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INTERFACE DEVICES

The FACP received signals from the following Interface devices:

Tested by: Simulation Operation

27	Emergency Generator(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
28	Flow Switches	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
29	Supervisory Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
30	Range Hood Suppression System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
31	Dry Chemical System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
32	Clean Agent System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
33	Pre-action Systems(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
34	Fire Pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
35	CO2 System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

OTHER EQUIPMENT CONTROLLED BY FACP

The following Fire Safety Functions responded to signals from the FACP:

Tested by: Simulation Operation

36	Fan Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
37	Smoke & Fire Dampers and Combination Fire/Smoke Dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
38	Elevator Recall System	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
39	Elevator Shunt Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
40	Shaft Pressurization System	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
41	Magnetic Door Holders (see inventory)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
42	Door Lock devices (see inventory)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
43	Stage Amplifier/Audio-Visual Shut Down	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
44	Remote Annunciator Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

ALARM PANEL MONITORING

45	A signal was received at the Central Station monitoring company.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
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STAIRWAY DOOR LOCKS [if no stairways, or locking doors not required, skip this section and proceed to final checks]

This building has stairways:		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
46	All stairway door locking devices release simultaneously, upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
47	All stairway door locking devices release simultaneously upon activation from the fire command center or inside main entrance to building.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
48	The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

FINAL CHECKS, MANDATORY TAGGING, AND REPORTS

Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)

49	Commissioning documents including approved plan set, any code alternate documentation, equipment sheets and battery calcs are available in the document cabinet or at the alarm panel.	<input type="checkbox"/> Yes
50	Approved plan set is uploaded for the Fire Department in TCE.	<input type="checkbox"/> Yes
51	I will attach a white service label after this system is accepted by the Fire Department inspector.	<input type="checkbox"/> Yes
52	I will provide a copy of the acceptance test report to the responsible party.	<input type="checkbox"/> Yes
53	I have submitted this report to the Fire Department through TCE or I will do so within 24 hours of the date of the Fire Department inspection.	<input type="checkbox"/> Yes

By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly tested for system acceptance and meet NFPA standards for report of system completion in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA standards adopted by the FC for this system.

<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)
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SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

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