

ACCEPTANCE TEST CHECKLIST

Date Documents Submitted: _____

Log No.: _____

File No.: _____

Plan Examiner: _____

Date of Approval: _____

Permit No.: _____

Property Information

Building Name: _____

Building Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Fax: _____ E-mail: _____

System Designer/Contractor

Company Name: _____

Company Address: _____

Contact Person (Project Manager): _____

Phone: _____ Fax: _____ E-mail: _____

Fire Alarm Equipment Manufacturer and/or Distributor

Company Name: _____

Company Address: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Name of System Programming Technician: _____

General

Yes No Building construction complete

If no, reason(s): _____

Yes No Fire alarm system complete

If no, reason(s): _____

Yes No Fire alarm system pre-testing complete

If no, reason(s): _____

Yes No Fire protection and life safety system integrated with fire alarm system complete and pre-tested

If no, reason(s): _____

Yes No Building (owner/developer) seeks temporary approval only

If yes, reason(s): _____

Yes No Building (owner/developer) seeks final approval

Yes No Building occupants (if applicable) notified of fire alarm testing

Methods used for notification: _____

Building Use and Occupancy Classification

Occupancy, hazards and fire alarm system installation within building remain per approved plans dated: _____

Yes No

If no, reason(s):

Documentation

- Yes No System as-built plans, all devices and circuitry
- Yes No System (operational sequence) matrix
- Yes No System as-built riser diagram
- Yes No System pre-test confirmation by installer and manufacturer
- Yes No NFPA 72 record of completion, properly executed
- Yes No NFPA 72 inspection and testing form, properly executed
- Yes No System wiring inspection by appropriate (inspector) jurisdiction
- Yes No System supervisory (monitoring) contract agreement
- Yes No Listing and/or approval agency certificates
- Yes No Testing and maintenance contract agreement

If no, reason(s):

Testing Equipment

Equipment to be provided and available at time of testing by installing contractor

- Yes No Manufacturer's instructions
- Yes No Voltage meters
- Yes No Decibel meters
- Yes No Smoke detector testing equipment
 Type: Aerosol Smoke Magnet Other _____
- Yes No Heat detector testing equipment
 Type: Hot air blower Magnet Other _____
- Yes No Special equipment and tools (if necessary) available

System Equipment and Observation

The following equipment and devices are properly located, accessible, and not obstructed and conform to approved plans:

- Yes No Fire alarm control panel
- Yes No Remote annunciator
- Yes No Manual pull box
- Yes No Graphic display
- Yes No Smoke detection
- Yes No Heat detection
- Yes No HVAC duct detection
- Yes No Notification devices
- Yes No Sprinkler/standpipe system interface operational devices
- Yes No Fire suppression alarm system interface operational devices
- Yes No Clean agent system interface operational devices
- Yes No Smoke control exhaust systems interface operational devices
- Yes No Egress door system unlocking interface operational devices
- Yes No Door hold-open release interface operational devices
- Yes No Adequate signs identifying system and component operation

Other devices provided: _____

If no, reason(s):

System Testing

The following equipment, devices, relays, etc., properly tested and applicable functions verified for proper signals, operation, and annunciation:

- Yes No Fire alarm control panel power on (system normal)
- Yes No Fire alarm control panel no trouble condition
- Yes No Fire alarm control panel no supervisory condition
- Yes No Manual pull box
- Yes No Smoke detection
- Yes No Smoke detection verification feature
 - Immediate signal 15 sec. delay 45 sec. delay Other _____
- Yes No Heat detection
- Yes No HVAC duct smoke detection
- Yes No Sprinkler system waterflow
 - Immediate signal 15 sec. delay 45 sec. delay Other _____
- Yes No Voltage drop verification, initiating device circuit
- Yes No Voltage drop verification, signaling line circuit
- Yes No Voltage drop verification, notification appliance circuit

Testing (fail) deficiencies: _____

Corrective action: _____

System Operational Sequence

Equipment devices, relays, etc., identified above in system testing verified for operational sequence:

- Yes No Activation of audible devices
- Yes No Verify audible synchronization
- Yes No Verify adequate sound levels above ambient
- Yes No Activation of visual devices
- Yes No Verify proper candela rating and visual effects
- Yes No Activation of pre-recorded voice messages
- Yes No Verify adequacy and intelligibility of pre-recorded voice message
- Yes No Activation of door hold-open devices, verify closing of doors
- Yes No Verify visual synchronization
- Yes No Activation of fire shutter, verify closing of shutters
- Yes No Activation of elevator(s) recall functions to appropriate floor
- Yes No Activation of smoke exhaust system(s), verify fan and damper operation
- Yes No Activation of stairway pressurization system(s), verify air movement
- Yes No Activation of egress unlocking devices, verify unlocking of doors
- Yes No Activation of waterflow test valves, verify alarm device
- Yes No Activation of sprinkler control valve, verify supervisory signal
- Yes No Activation of fire pump, verify alarm, supervisory, and trouble signals
- Yes No Activation of fire suppression systems, verify alarm signal
- Yes No Activation of clean agent systems, verify alarm signals
- Yes No Activation of HVAC duct detectors, verify HVAC unit shutdown
- Yes No Activation of control devices, low-level lighting, verify operation
- Yes No Activation of control devices, high sound levels, verify operation
- Yes No Verify alarm, supervisory, and trouble retransmission signals to monitoring station
- Yes No System loss of ac power, verify operation standby power
- Yes No Fire department communication systems, verify operational readiness
- Yes No Fire department building access devices (key/lock-box)

Testing (fail) deficiencies: _____

Corrective action _____

Approval

Date system left in operational condition: _____

Inspector: _____

Approved Yes No

If no, reason(s):