

## DEPARTMENT OF NEIGHBORHOOD AND BUSINESS DEVELOPMENT DIVISION OF CODE ENFORCEMENT

## Stephanie A. Miner, Mayor

## SMOKE / FIRE ALARM INSTALLATION / CERTIFICATE FORM

ADDRESS		<del>-</del>
NAME		
1.) CERTIFICA	ATION OF SYSTEM INSTAL ATION OF SYSTEM OPERAT	
2.) METHOD OF INSPECTIO	N / REQUIREMENTS	
<ul><li>a. NFPA 72 (A thru F)</li><li>b. Job Specifications</li><li>c. NFPA 72 E</li><li>d. NFPA article 760</li></ul>		e. Other
3.) SYSTEM TYPE EQU	JIPMENT TYPE / MODEL	
<ul><li>a. Local</li><li>b. Central Station</li><li>c. Other</li></ul>		d. Panele. Other Equipment
4.) INITIATING DEVICES	Quantity	Style
<ul><li>a. Manual pull stations</li><li>b. Smoke detectors (ion )</li><li>c. Smoke detectors (photo)</li><li>d. Duct detectors</li><li>Equipment Manufacturer(s)</li></ul>		e. Water flow switches  f. Other ( describe )
5.) ALARM INDICATING AF	PPLIANCES	QUANTITY
<ul><li>a. Bells</li><li>b. Horns</li><li>c. Chimes</li><li>d. Other ( describe )</li></ul>		w/ Visual w/ Visual w/ Visual
6.) SUPERVISORY INITIATI	NG APPLIANCES	
<ul><li>a. Sprinkler control valve</li><li>b. Building temperature</li><li>c. Waterflow tamper</li><li>d. PIV</li></ul>		e. OS&Y  f. Fire pump power  g. Fire pump running  h. Other

7.) SYSTEM POWER SUPPLIES	
a. Primary power	Nominal voltage
Overcurrent Protection	Amperage Type
Location	
b. Standby Battery(ies)	
Type	Condition
A / Hr	
c. Amperage draw in standby ( main off )	
d. Calculate standby capacity in hours	
8.) AUXILIARY REPORTING	
Type	
Location	
Termination	
SIGNED	DATE
ORGANIZATION	LICENSE #
OTHERS PRESENT FOR TEST	

FORM FACF-2