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

Occupy, 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:

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

Corrective action ______________________________________________________

### Approval

Date system left in operational condition: ________________________________

Inspector: ____________________________________________________________

Approved [ ] Yes [ ] No

If no, reason(s): _____________________________________________________