NFPA 72-2007
4.5.1.2 Before requesting final approval of the installation, if required by the authority having jurisdiction, the installing contractor shall furnish a written statement stating that the system has been installed in accordance with the manufacturer's published instruction and the appropriate NFPA requirements.

IFC -2006
907.18 Record of completion. A record of completion in accordance with NFPA 72 verifying that the system has been installed in accordance with the approved plans and specifications shall be provided.

This Fire Alarm System Record of Completion must be completed by the contractor when installing a new FA system, or substantially altering, updating, modifying or changing an existing system. It must be completed whenever a new replacement FA control panel is installed, even though no new initiating or annunciation devices are altered, updated, modified or changed.

By completing this form, the contractor is stating that he has installed the system and/or components to the appropriate NFPA standards and the manufacturer's instructions, **and that he has tested the system and verified that it is functioning correctly per the plans and specs.** At this point he can call for a final inspection, and the City's inspectors can witness the final inspection without having to make a punch list for the contractor.

FIRE ALARM SYSTEM RECORD OF COMPLETION (NFPA 72-2007)

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

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: _____

Phone: _____ Fax: _____ E-mail: _____

2. FIRE ALARM SYSTEM INSTALLATION, SERVICE, AND TESTING INFORMATION

Installation contractor for this equipment: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Service orginization for this equipment: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Location of as-built drawings: _____ Location of historical test reports: _____

Location of system operation and maintenance manuals: _____

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: _____

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE

NFPA 72 Chapter Reference of System Type: _____

Name of orginization receiving alarm signals with phone numbers *(if applicable)*: _____

Alarm: _____ Phone: _____

Supervisory: _____ Phone: _____

Trouble: _____ Phone: _____

Entity to which alarms are retransmitted: _____ Phone: _____

Method of retransmission of alarms to that organization or location: _____

3. TYPE OF FIRE ALARM SYSTEM OR SERVICE *(continued)*

If chapter 8, note the means of transmission from the protected premises to the central station:

❑ Digital alarm communicator ❑ McCulloh ❑ Mulitplex ❑ 2-way radio ❑ 1-way radio ❑ N/A

If chapter 9, note the type of connection: ❑ Local energy ❑ Shunt ❑ N/A

3.1 System Software

Operating system (executive) software revision level: _____

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

4. SIGNALING LINE CIRCUITS

Characteristics of signaling line circuits connected to this system (see NFPA 72, Table 6.6.1):

Quantity: _____ Style: _____ Class: _____

5. ALARM-INITIATING DEVICES AND CIRCUITS

Characteristics of initiating device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: _____ Style: _____ Class: _____

5.1 Manual Initiating Devices

5.1.1 Manual Pull Stations Number of manual pull stations: _____

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

5.2 Automatic Initiating Devices

5.2.1 Area Smoke Detectors Number of smoke detectors: _____

Type of coverage: ❑ Complete area ❑ Partial area ❑ Nonrequired partial area ❑ N/A

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

Type of smoke detector sensing technology: ❑ Ionization ❑ Photoelectric

5.2.2 Duct Smoke Detectors Number of duct smoke detectors: _____

Type of coverage: _____

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

Type of smoke detector sensing technology: ❑ Ionization ❑ Photoelectric

5.2.3 Heat Detectors Number of heat detectors: _____

Type of coverage: ❑ Complete area ❑ Partial area ❑ Nonrequired partial area ❑ N/A

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

5.2.4 Sprinkler Waterflow Detectors Number of waterflow detectors: _____

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

5.2.5 Alarm Verification Number of devices subject to alarm verification: _____

Alarm verification on this system is: ❑ Enabled ❑ Disabled ❑ Set for _____ seconds

6. SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUITS

6.1 Sprinkler System Number of valve supervisory switches: _____

Type of devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

6.2 Fire Pump

Type of fire pump: ❑ Electric ❑ Diesel

Type of fire pump supervisory devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

Fire Pump Functions Supervised

❑ Fire pump power ❑ Fire pump running ❑ Fire pump phase reversal ❑ Selector switch not in auto

❑ Engine or control panel trouble ❑ Low fuel

Other: _____

6.3 Engine-Driven Generator

Type of generator supervisory devices: ❑ Addressable ❑ Conventional ❑ Coded ❑ Transmitter ❑ N/A

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

Other: _____

7. ANNUNCIATORS

7.1 Annunciator 1 ❑ Local ❑ Remote

Type: ❑ Addressable ❑ Directory ❑ Graphic ❑ N/A Location: _____

7.2 Annunciator 2 ❑ Local ❑ Remote

Type: ❑ Addressable ❑ Directory ❑ Graphic ❑ N/A Location: _____

7.3 Annunciator 3 ❑ Local ❑ Remote

Type: ❑ Addressable ❑ Directory ❑ Graphic ❑ N/A Location: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS

8.1 Emergency Voice Alarm Service

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

Number of speakers: _____ Number of speaker zones: _____

8.2 Telephone Jacks

Number of telephone jacks installed: _____ Number of telephone handsets stored on site: _____

Type of telephone system installed: ❑ Electrically powered ❑ Sound powered ❑ N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to the system (see NFPA 72, Table 6.5)

Quantity: _____ Style: _____ Class: _____

8. ALARM NOTIFICATION DEVICES AND CIRCUITS *(continued)*

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: _____ With visual device: _____ Horns: _____ With visual device: _____

Chimes: _____ With visual device: _____ Bells: _____ With visual device: _____

Visual devices without audible devices: _____ Other (describe): _____

9. EMERGENCY CONTROL FUNCTIONS ACTIVATED

❑ Hold-open door releasing devices ❑ Smoke management or smoke control

❑ Door unlocking ❑ Elevator recall ❑ Other

10. SYSTEM POWER SUPPLY

10.1 Primary Power

Nominal voltage _____ Amps _____

Overcurrent protection: Type _____ Amps _____

Location (of primary supply panelboard): _____

Disconnecting means location: _____

10.2 Secondary Power

Location: _____ Type: _____ Nominal Voltage: _____ Current Rating: _____

Number of standby batteries: _____ Amp hour rating: _____

Location of emergency generator: _____

Location of fuel storage: _____

Calculated capacity of secondary power to drive system

In standby mode: _____ In alarm mode: _____

11. 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.

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

❑ *NFPA 72* ❑ NFPA 70, *National Electric Code,* Article 760

❑ Manufacturer's published instructions ❑ Other (please specify): _____

System deviations from referenced NFPA standards: _____

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

12. RECORD OF SYSTEM OPERATION

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 of:

❑ *NFPA 72* ❑ NFPA 70, *National Electric Code,* Article 760

❑ Manufacturer's published instructions ❑ Other (please specify):

❑ Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13. CERTIFICATIONS AND APPROVALS

13.1 System Installation Contractor

This system as specified has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.2 System Service 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: _____

13.3 Central Station

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

13.4 Property 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: _____

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

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____