

	COMMISSIONING CHECKLIST	FORM
	FIRE ALARM SYSTEM	FIRE ALARM CONTROL PANEL

PROJECT :

MEP CONTRACTOR :

TYPE OF PANEL:		TYPE OF CIRCUIT PROTECTION:	
PRIMARY POWER REQUIREMENT:		NUMBER OF PANELS:	
HOURS OF STANDBY:		TYPE:	
DEVICE CAPACITY OF PANEL:		MDB LOCATION:	
TYPE OF SECONDARY POWER:			

ITEM	DESCRIPTION	YES	NO	COMMENTS
1	Correct panel per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
2	Correct location per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Drawing no.	<input type="checkbox"/>	<input type="checkbox"/>	
4	No physical damage to the panel	<input type="checkbox"/>	<input type="checkbox"/>	
5	No physical damage to the battery	<input type="checkbox"/>	<input type="checkbox"/>	
6	Free from extraneous voltage	<input type="checkbox"/>	<input type="checkbox"/>	
7	Power supply with proper grounding	<input type="checkbox"/>	<input type="checkbox"/>	
8	Proper identification of field wiring	<input type="checkbox"/>	<input type="checkbox"/>	
9	Proper cable termination within the panel	<input type="checkbox"/>	<input type="checkbox"/>	
10	Correct performance of the panel	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Conducted by:

Company	Name and Position	Signature	Date

Witnessed by:

Company	Name and Position	Signature	Date

Tests Process Accepted by:

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	COMMISSIONING CHECKLIST	FORM
	FIRE ALARM SYSTEM	NOTIFICATION CIRCUIT (NAC)

PROJECT :

MEP CONTRACTOR :

NO. OF NOTIFICATION CIRCUITS (NAC):

ITEM	DESCRIPTION	NAC CIRCUIT NO.			NETWORK WIRING		
		YES	NO	COMMENTS	YES	NO	COMMENTS
1	Style of wiring	<input type="checkbox"/>	<input type="checkbox"/>	Class B	<input type="checkbox"/>	<input type="checkbox"/>	
2	Type of cable	<input type="checkbox"/>	<input type="checkbox"/>	FP 200	<input type="checkbox"/>	<input type="checkbox"/>	
3	Size of cable	<input type="checkbox"/>	<input type="checkbox"/>	2.5 mm ²	<input type="checkbox"/>	<input type="checkbox"/>	
4	Drawing reference	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5	Proper identification per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
6	Number of circuits per approved drawings	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
7	Free from extraneous voltage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
8	Free from short circuit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
9	Free from grounding	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

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	COMMISSIONING CHECKLIST	FORM-
	FIRE ALARM SYSTEM	REPEATER PANEL

PROJECT :

MEP CONTRACTOR :

NO. OF REPEATER PANELS:

ITEM	DESCRIPTION	YES	NO	COMMENTS
1	Correct pannel per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
2	Correct location per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Drawing no.	<input type="checkbox"/>	<input type="checkbox"/>	
4	No physical damage to the panel	<input type="checkbox"/>	<input type="checkbox"/>	
5	No physical damage to the battery	<input type="checkbox"/>	<input type="checkbox"/>	
6	Free from extraneous voltage	<input type="checkbox"/>	<input type="checkbox"/>	
7	Power supply with proper grounding	<input type="checkbox"/>	<input type="checkbox"/>	
8	Proper identification of field wiring	<input type="checkbox"/>	<input type="checkbox"/>	
9	Proper cable termination within the panel	<input type="checkbox"/>	<input type="checkbox"/>	
10	Correct performance of the panel	<input type="checkbox"/>	<input type="checkbox"/>	

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	COMMISSIONING CHECKLIST	FORM
	FIRE ALARM SYSTEM	ALARM INITIATING DEVICES Smoke Detector

PROJECT :

MEP CONTRACTOR :

TYPE:	PHOTO
SENSITIVITY:	2.50%
NO. OF DETECTORS:	

ITEM	DESCRIPTION	YES	NO	COMMENTS
1	Correct type of detector per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
2	Correct physical address per drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Correct location per approved drawing (height/ width, breadth)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Correct placement per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
5	No physical damage to detector	<input type="checkbox"/>	<input type="checkbox"/>	
6	Correct termination of the detector terminals	<input type="checkbox"/>	<input type="checkbox"/>	
7	Correct functionality of the devices	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Conducted by:

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Witnessed by:

Company	Name and Position	Signature	Date

Tests Process Accepted by:

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	COMMISSIONING CHECKLIST	FORM-
	FIRE ALARM SYSTEM	ALARM INITIATING DEVICES Heat Detector

PROJECT :

MEP CONTRACTOR :

NO. OF DEVICES:	
TYPE:	
RATE OF RISE:	

ITEM	DESCRIPTION	YES	NO	COMMENTS
1	Correct type of detector per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
2	Correct physical address per drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Correct location per approved drawing (height/ width, breadth)	<input type="checkbox"/>	<input type="checkbox"/>	
4	Correct placement per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
5	No physical damage to detector	<input type="checkbox"/>	<input type="checkbox"/>	
6	Correct termination of the detector terminals	<input type="checkbox"/>	<input type="checkbox"/>	
7	Correct functionality of the devices	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Conducted by:

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Witnessed by:

Company	Name and Position	Signature	Date

Tests Process Accepted by:

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	COMMISSIONING CHECKLIST	FORM
	FIRE ALARM SYSTEM	INITIATING DEVICE LOOP

PROJECT :

MEP CONTRACTOR :

NO. OF INITIATING DEVICE LOOPS:

TYPE OF CABLE:

SIZE OF CABLE:

STYLE OF WIRING: CLASS A

DRAWING REFERENCE:

ITEM	DESCRIPTION	LOOP NO.			LOOP NO.			LOOP NO.			LOOP NO.		
		YES	NO	COMMENTS	YES	NO	COMMENTS	YES	NO	COMMENTS	YES	NO	COMMENTS
1	Free from extraneous voltage	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
2	Free from grounding	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3	Free from short circuit	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4	Within loop capacity per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
5	Proper Identification per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

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Witnessed by:

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	COMMISSIONING CHECKLIST	FORM-
	FIRE ALARM SYSTEM	ALARM INITIATING DEVICES Supervisory Initiating Devices

PROJECT :

MEP CONTRACTOR :

NO. OF SUPERVISORY INITIATING DEVICE:

ITEM	DESCRIPTION	YES	NO	COMMENTS
1	Correct installation per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
2	No physical damage on the device	<input type="checkbox"/>	<input type="checkbox"/>	
3	Appropriate monitor points as per specifications	<input type="checkbox"/>	<input type="checkbox"/>	
4	Devices remain in normal condition	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

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	COMMISSIONING CHECKLIST	FORM-
	FIRE ALARM SYSTEM	ALARM INITIATING DEVICES Break Glass

PROJECT :

MEP CONTRACTOR :

NO. OF NORMAL BREAK GLASS:	
TYPE OF ACTION:	

ITEM	DESCRIPTION	YES	NO	COMMENTS
1	Correct type of Break Glass per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
2	Correct physical address per drawing	<input type="checkbox"/>	<input type="checkbox"/>	
3	Correct location per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
4	Correct placement per approved drawing	<input type="checkbox"/>	<input type="checkbox"/>	
5	No physical damage to Break Glass	<input type="checkbox"/>	<input type="checkbox"/>	
6	Correct termination of the device terminals	<input type="checkbox"/>	<input type="checkbox"/>	
7	Correct functionality of the devices	<input type="checkbox"/>	<input type="checkbox"/>	

Additional Comments:

Conducted by:

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Witnessed by:

Company	Name and Position	Signature	Date

Tests Process Accepted by:

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