		COMM	IISSIONING	CHECKLIST	FORM			
MICH.		FII	RE ALARM :	SYSTEM		ATING DEVICES of Points		
PROJE	CT :							
MEP CO	ONTRACTOR:							
NO. OF	CONTROL POINTS:							
110.01	CONTROL PORTS,							
ITEM	DESCRIPTION	YES	МО		COMMENTS			
1	Соггесt installation per approved drawing							
2	Proper location per approved drawings							
3	Correct height from ground level							
4	No physical damages to the panel							
5	Correct functionality							
Addition	al Comments:	1						
onducte	d by: Company							
	Сотрапу	PX:	ame and Pos	itton -	Signature	Date		
/itnesse	d by:							
	Company	N	ame and Pos	ition	Signature	Date		
sts Prod	cess Accepted by:							
	Company	N	ame and Pos	ition	Signature	Date		

		COMMISSIONING CHECKLIST		FORM				
		FII	RE ALARM (SYSTEM	FIRE ALARM C	CONTROL PANEL		
PROJE	CT:	<u> Serra</u>			Colorest Col			
	ONTRACTOR:							
	OF PANEL:				IT PROTECTION:			
	RY POWER REQUIREMENT:			NUMBER OF PAN	NELS:			
	S OF STANDBY:	<u> </u>		TYPE:				
	E CAPACITY OF PANEL: OF SECONDARY POWER:	 		MD8 LOCATION:				
ITTE	F SECONDART POWER.	<u></u>						
ITEM	DESCRIPTION	YES	NO		COMMENTS			
1	Correct pannel per approved drawing							
2	Correct location per approved drawing							
3	Drawing no.							
4	No physical damage to the panel				,,			
5	No physical damage to the battery							
6	Free from extraneous voltage							
7	Power supply with proper grounding							
8	Proper identification of field wiring			1				
	Proper cable termiination within the panel							
	Correct performance of the panel							
Addition	al Comments:					<u> </u>		
Conducte								
Onc.	Company	N	lame and Pos	-141	Signature	Date		
	Odilpary		Ame enu , ~~	3000	Signature	Date		
Witnesse	ad by:							
	Company	N	ame and Pos	sition	Signature	Date		
ests Pro	ocess Accepted by:	-		I_				
	Company	N	ame and Pos	-islan	Signature	Date		
<u> </u>	Company		1010 0110 1 00	atton.	Signature	Mate		

		CC	COMMISSIONING CHECKLIST			FORM					
			FIRE ALARM SYSTEM			NOTIFICATION CIRCUIT (NAC)					
PROJE	PROJECT:										
MEP C	ONTRACTOR:										
NO. OF	NOTIFICATION CIRCUITS (NAC):										
		1	NAC	CIRCUIT NO.		NETW	ORK WIRING				
ITEM	DESCRIPTION	YES	NO	COMMENTS	YES	МО	COMMENTS				
1	Style of wiring			Class B							
2	Type of cable			FP 200							
3	Size of cable			2.5 mm²							
4	Drawing reference										
5	Proper identification per approved drawing										
6	Number of circuits per approved drawings										
7	Free from extraneous voltage										
8	Free from short circuit										
	Free from grounding										
ddition	al Comments:										
onducte	d by:										
	Company		Name a	nd Position	Signa	ture	Date				
188	4 5		····		·-·		war and a second				
Vitnesse	d by:		Name -	nd Position	Qian-	ture	- Data				
	Company		wante a	na rosmon	Signa	raie	Date				
ests Pro	cess Accepted by:										
	Company		Name a	nd Position	Signa	ture	Date				

		COMM	IISSIONING	CHECKLIST	FORM-					
		Fil	RE ALARM	SYSTEM	REPEAT	TER PANEL				
PROJE	PROJECT:									
MEP CO	MEP CONTRACTOR:									
NO. OF	REPEATER PANELS:									
ITEM	DESCRIPTION	YES	NO		COMMENTS					
1	Correct pannel per approved drawing									
2	Correct location per approved drawing									
3	Drawing no.									
4	No physical damage to the panel									
5	No physical damage to the battery									
6	Free from extraneous voltage									
7	Power supply with proper grounding									
8	Proper identification of field wiring									
9	Proper cable termiination within the panel									
10	Correct performance of the panel									
Addition	il Comments:				-					
onducte					Y					
	Company	N	ame and Pos	ition	Signature	Date				
Vitnesse	d by:					<u>L</u>				
	Company	N:	ame and Pos	ition	Signature	Date				
ests Pro	cess Accepted by:									
	Company	N:	ame and Pos	ition	Signature	Date				

		COMMISSIONING CHECKLIST		FORM						
		FIRE ALARM SYSTEM			p	ATING DEVICES Detector				
PROJE	ROJECT:									
MEP C	ONTRACTOR:									
TYPE:		РНОТО		1						
SENSIT		2,50%								
NO. OF	DETECTORS:									
ITEM	DESCRIPTION	YES	NO		COMMENTS					
1	Correct type of detector per approved drawing									
2	Correct physical address per drawing									
3	Correct location per approved drawing (height/ width, breadth)									
4	Correct placement per approved drawing									
5	No physical damage to detector									
6	Correct termination of the detector terminals				***************************************					
7	Correct functionality of the devices									
Addition	al Comments:									
onducte		·								
	Company	N:	ame and Pos	ition	Signature	Date				
Vitnesse	d bv:									
	Company	N:	ame and Pos	ition	Signature	Date				
	•		22 . 30		#.M.m.m.0	Duic				
sts Proc	cess Accepted by:									
	Company	Na	me and Pos	ition	Signature	Date				

		COMMISSIONING CHECKLIST		FORM-		
		FIRE ALARM SYSTEM				ATING DEVICES n Peripherals
PROJE	CT:					
MEP CO	ONTRACTOR:					
NO. OF	BELLS:			1		
	SOUNDERS:			1		
	STROBES:]		
NO. OF	FLASHERS:					
ITEM	DESCRIPTION	YES	NO		COMMENTS	
1	Correct quantity per approved drawing					
2	Correct location					
3	Соггесt height from ground level as per approved drawing					
4	No physical damages during installation					-
5	Proper termination of each terminal					
6	Sufficient dB level					
	Sufficient candle rating					
Addition	al Comments:					
	J. E					
onducte			D			
	Company	IAS	ame and Pos	sition	Signature	Date
Vitnesse	d hv:					
Hurcase	Company	N/-	ame and Pos	ition	Pri	Dete
	Aduthani	LAS	me alle POS	หนบเ	Signature	Date
ests Prov	cess Accepted by:					
	Company	ŘI.	me and Pos	ition	Signature	Date
		140	v and FOS		- Signature	Date

		COMMISSIONING CHECKLIST FIRE ALARM SYSTEM			FORM-					
						ALARM INITIATING DEVICES Heat Detector				
PROJE	ROJECT:									
MEP CO	ONTRACTOR:									
NO. OF	DEVICES:									
TYPE:	F RISE:									
RAIEO	r Noc:	<u> </u>								
ITEM	DESCRIPTION	YES	NO		COMMENTS					
1	Correct type of detector per approved drawing									
2	Correct physical address per drawing									
3	Correct location per approved drawing (height/ width, breadth)				· · · · · · · · · · · · · · · · · · ·					
4	Correct placement per approved drawing				····					
5	No physical damage to detector									
6	Correct termination of the detector terminals									
7	Correct functionality of the devices									
	al Comments:									
onducte	d by: Company	N:	ame and Pos	ltion	Signature	Date				
Vitnesse	d by:		** **							
	Company	N:	ame and Pos	ition	Signature	Date				
sts Pro	cess Accepted by:				F					
	Company	Na	me and Pos	ltion	Signature	Date				

				COMMISSIONING CHECKLIST					FORM-				
					FIRE	E ALAI	rm system	INITIATING DEVICE LOOP				E LOOP	
	PROJECT: MEP CONTRACTOR:												
NO. OF	INITIATING DEVICE LOOPS:	1											
TYPE C	F CABLE:												
<u></u>	CABLE: OF WIRING:	01.10											
	NG REFERENCE:	CLAS	5 A	-									
		`											
ITEM	DESCRIPTION		T	00P NO.			00P NO.	<u> </u>		OOP NO.			OOP NO.
		YES	NO	COMMENTS	YES	NO	COMMENTS	YES	NO	COMMENTS	YES	NO	COMMENTS
	Free from extraneous voltage												
2	Free from grounding												
3	Free from short circuit												
	Within loop capacity per approved drawing												
þ	Proper identification per approved drawing at Comments:												
onducted	i by: Company	T		Name a	ind Pol	ition		***************************************	••••••	Signature	T		Date
		_								***************************************	$\neg \uparrow$		
Y!tnesse:	1 by:										L		
	Company			Name a	nd Pos	ition				Signature	T		Date
ais Pro-	ess Accepted by:												
- SAF FIOL	Company			Name s	nd Pos	illon				Signature	1		Date
		\top		1741110 0									

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		COMM	COMMISSIONING CHECKLIST		FORM-	
		FI	RE ALARM	SYSTEM		ATING DEVICES nitiating Devices
PROJE	CT:					
MEP CO	ONTRACTOR:					
NO. OF	SUPERVISORY INITIATING DEVICE	:•				
	OU LIVIOUR BARMING DEVICE	•				
	1		T			
ITEM	DESCRIPTION	YES	NO		COMMENTS	
1	Correct installation per approved drawing					
2	No physical damage on the device					
3	Appropriate monitor points as per specifications					
4	Devices remain in normal condition					
Addition	al Comments:					
onducte		· · · · · · · · · · · · · · · · · · ·				
	Сотрапу	N	ame and Pos	ition	Signature	Date
Vitnesse	d by:					
	Company	N	ame and Pos	ition	Signature	Date
	·					
ests Prod	cess Accepted by:				, <u>.</u>	
	Company	N	ame and Pos	itlon	Signature	Date

		COMMISSIONING CHECKLIST			FORM-				
		FIRE ALARM SYSTEM				ALARM INITIATING DEVICES Break Glass			
PROJE	PROJECT:								
MEP CO	ONTRACTOR:								
NO. OF	NORMAL BREAK GLASS:			7					
TYPE O	F ACTION:								
ITEM	DESCRIPTION	YES	NO		COMMENTS				
1	Correct type of Break Glass per approved drawing								
2	Correct physical address per drawing			<u></u>					
3	Correct location per approved drawing								
4	Correct placement per approved drawing								
5	No physical damage to Break Glass								
6	Correct termination of the device terminals								
7	Correct functionality of the devices								
\ddition:	al Comments:								
onducte	d bv:								
	Company	N:	ame and Pos	ition	Signature	Date			
Vitnesse	· · · · · · · · · · · · · · · · · · ·								
******	Company	Na Na	ame and Pos	ition	Signature	Date			
ests Pro	cess Accepted by:								
	Company	Na	ame and Pos	ition	Signature	Date			