

PROJECT NAME & LOGOS

CHECK LIST FOR:
Addressable Fire alarm & Voice evacuation system Testing & commissioning
(Commissioning Check list)

Form No:
Rev. No : 0
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SUBCONTRACTOR CONTRACTOR

SECTION OF WORK:Electrical **LOCATION:**
LEVEL: **WIR No.:**

Are circuits monitored for integrity : Yes No

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Device	Qty of Devices Installed	Circuit Style	Qty of Devices Tested
Sprinkler Valve			
Fire Pump Running Status			
Fire Pump/Controller Trouble			
Other (specify)			

CONTROL SIGNAL - CONTROL MODULES AND CIRCUIT INFORMATION

Elevator			
Smoke Extract Fans			
HVAC Control			
Staircase Pressurization			
Lift Pressurization			
Damper Control			
Other (specify)			

SYSTEM POWER SUPPLY

a) Primary (main) : Nominal voltage 230 VAC Amps 12

Over current protection : Type Fuse Amps 13

Location (Primary Supply Panel Board)

Type of Battery : Lead Acid

b) Secondary (Standby) :

Storage Battery : Amp 50 Hr. Rating 20 Calculated capacity in 36 Amp 20 Hr to operate system for 24Hrs Standby & 30 Mins. Alarm.

Comments:

For S/C QA/QC:	Date:	FOR CONTRACTOR QA/QC:	Date:	For Cons. Rep.:	Date:
Name:	Sign:	Name:	Sign:	Name:	Sign:

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SUBCONTRACTOR CONTRACTOR

SECTION OF WORK:Electrical **LOCATION:**
LEVEL: **WIR No.:**

CHECK LIST : PRIOR TO ANY TESTING

Description	Yes	No	Comments
Notifications are made to			
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	
Others (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

SYSTEM TESTS AND INSPECTIONS

Type	Visual	Functional	Comments
Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory Signals	<input type="checkbox"/>	<input type="checkbox"/>	
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	

SECONDARY POWER **Visual** **Functional** **Comments**

For S/C QA/QC: Date:	FOR CONTRACTOR Date: QA/QC:	For Cons. Rep.: Date:
Name: Sign:	Name: Sign:	Name: Sign:

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SUBCONTRACTOR

CONTRACTOR

SECTION OF WORK:Electrical
LEVEL:

LOCATION:
WIR No.:

- | | | |
|---------------------|--------------------------|--------------------------|
| Battery condition | <input type="checkbox"/> | <input type="checkbox"/> |
| Load Voltage | <input type="checkbox"/> | <input type="checkbox"/> |
| Charger Test | <input type="checkbox"/> | <input type="checkbox"/> |
| Remote Annunciators | <input type="checkbox"/> | <input type="checkbox"/> |

NOTIFICATION APPLIANCES

- | | | |
|---------------|--------------------------|--------------------------|
| Audible | <input type="checkbox"/> | <input type="checkbox"/> |
| Visible | <input type="checkbox"/> | <input type="checkbox"/> |
| Speakers | <input type="checkbox"/> | <input type="checkbox"/> |
| Voice Clarity | <input type="checkbox"/> | <input type="checkbox"/> |

ALARM INITIATING, SUPERVISORY AND CONTROL DEVICE TESTS & INSPECTIONS

Location/Address	Device Type	Visual Check	Functional Test
Device Loop details attached	Smoke Detector		
Device Loop details attached	Heat Detector		
Device Loop details attached	Pull Station		

EMERGENCY COMMUNICATIONS EQUIPMENT

Device	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	

For S/C QA/QC:	Date:	FOR CONTRACTOR QA/QC:	Date:	For Cons. Rep.:	Date:
Name:	Sign:	Name:	Sign:	Name:	Sign:

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SUBCONTRACTOR

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SECTION OF WORK:Electrical
LEVEL:

LOCATION:
WIR No.:

SUPERVISORY STATION MONITORING

Device	Visual	Functional	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	

NOTIFICATION OF TESTING COMPLETION

	Yes	No	Name	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Others	<input type="checkbox"/>	<input type="checkbox"/>		

THE FOLLOWING DID NOT OPERATE CORRECTLY

SYSTEM RESTORED TO NORMAL OPERATION

Date _____ Time _____

The testing was performed in accordance with applicable NFPA and local civil defense standards.

For S/C QA/QC: Date:	FOR CONTRACTOR QA/QC: Date:	For Cons. Rep.: Date:
Name: Sign:	Name: Sign:	Name: Sign: