

Inspection, Testing and Maintenance of Fire Alarm System Checklist

COMPANY INFORMATION		Date of Service:	
Company name:		Annual Inspection:	Verification
Building Owner:		Last Service Date:	
Building Name:		Single Stage:	Two Stage
Address:		Direct Connection:	No
City / Province:		Manufacturer & Model:	
Postal Code:		Contact Person:	
Phone / Cell:		Owner:	
		Central Station:	

Technicians Pre-Test Checklist:			
Alert building management the fire alarm is being tested?		Ancillary functions that can impair building functions?	
Alternate plans under the fire safety plan are implemented?		Building occupants are notified of the testing?	
Have provisions been made to reset the elevator?		Have provisions been made to access secured areas?	
Notify Central Station?		Are there spare reset and panel keys available?	
Contact Name:		Predetermined time set for testing signaling device?	

Yes – Acceptable	No – Not Acceptable	NA – Not Applicable	Yes	No	NA
The fire alarm conforms to the documented description of the system?					
The fire alarm system is now fully operational?					
The fire alarm system is operational with minor deficiencies noted in comments?					
The fire alarm system is verified in accordance with CAN/ULC S537-04?					
The fire alarm is tested in accordance with the CAN/ULC S536-04?					
A copy of this report has been given to the owner or agent?					
Name?					
Verification / Serial Number					

Test Summary Results	See Reports
Fire alarm functioned correctly under general alarm?	a)
Each manual alarm initiating device has been tested?	b)
Each automatic alarm initiating device has been tested?	c)
Each audible and visual signaling device has been tested?	c)
Correct annunciation has been confirmed for each device?	e)
Location of manual initiating device operated main power off?	f)

Comments:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes or the manufacturer's requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician:	Certification:	Date:	Owner / Agent: