

DATE OF SUBMISSION _____

TO: Department of Licenses and Inspections
 Commercial and Industrial Fire Inspection Unit
 990 Spring Garden Street, 3rd Floor, Philadelphia, PA 19123

**FIRE ALARM INSPECTION AND
 CERTIFICATION COVER SHEET**

RE: Property Name: _____
 Property Address: _____

We certify that we have tested and examined the following elements of the Fire Alarm System(s) at the above referenced location, and left them in service as of: _____ **This form must be submitted to L&I within 60 days of the inspection to be valid.**
 (Insert Date)

Please fill out the following information completely. Use the comments section for explanations.

SECTION SUMMARY	YES	NO
Section B - CONTROL EQUIPMENT Summary: Were all elements of the control equipment tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		
Section C - INITIATING DEVICES Summary: Were all initiating devices tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		
Section D - AUDIBLE / VISIBLE DEVICES Summary: Were all audible/visible devices tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		
Section E - ELECTRICAL Summary: Were all electrical elements of the fire alarm system that could practically be tested (including those listed above) tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		
Section F - VOICE EVACUATION SYSTEM Summary (If Applicable): Were all elements of the voice evacuation system tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		
Section G - FIRE FIGHTER PHONE SYSTEMS Summary (If Applicable): Were all elements of the Fire Fighter Phone System tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		
Section H - MONITORING Summary: All systems installed after 1/1/2004, all systems in Group I and H occupancies and all systems in High Rise occupancies installed prior to 1/1/2004 are required to be monitored at an approved (UL listed or other approving agency) monitoring station according to NFPA72 standards. Were all monitoring features found to be in working order and in compliance with the Philadelphia Fire Code? <i>(if NO, explain)</i>		

Type of Fire Alarm Control Panel: _____

System is: Existing _____ OR New _____ If new, provide Electrical Permit Number: _____

The test(s) was/were conducted in accordance with requirements of the applicable National Fire Protection Association (NFPA) standards and in accordance with the requirements of the Philadelphia Fire Code.

Pass : _____ Fail : _____

Building is : Commercial _____ Residential _____ Mixed Use (Commercial / Residential) _____

Number of Stories : _____

Contractor I.D.# _____

Type of License

Certification Application is for: Entire Bldg: _____ Partial Bldg: _____
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<input type="checkbox"/>	3707 Fire Alarm Inspector
<input type="checkbox"/>	3516 Electrical Contractor

CERTIFIED BY:

(Certifier must be employed by the contractor/company who has performed the inspection)

Test Date: _____

 Electrical Contractor or Fire Alarm System Inspector's Name (Printed)

 Electrical Contractor or Fire Alarm System Inspector's Signature

 Electrical Contractor or Fire Alarm System Inspector's License Number



PLACE THE COMPANY IMPRESSION
 SEAL IN THE BOX TO THE RIGHT

**CITY OF PHILADELPHIA -- DEPARTMENT OF LICENSES AND INSPECTIONS
 CERTIFICATION OF INSPECTION
 FIRE ALARM SYSTEMS**

(ALL TESTS SHALL BE IN ACCORDANCE WITH THE PHILADELPHIA FIRE CODE AND NFPA 72 SECTION 7-2)

PROPERTY MANAGEMENT/RESPONSIBLE PARTY:	
Name:	_____
Primary Contact:	_____
Address:	_____

Email:	_____
Phone:	Fax: _____

PROPERTY OWNER:	
Name:	_____
Primary Contact:	_____
Address:	_____

Email:	_____
Phone:	Fax: _____

CALL THE FIRE DEPARTMENT AT 215-922-6000 BEFORE TESTS - OUT OF SERVICE OPERATOR# _____ IN SERVICE OPERATOR# _____

**IN ALL SECTIONS BELOW: Y = YES, N = NO (EXPLAIN ALL "NO" ANSWERS EXCEPT AS NOTED)
 IN THE FEW CASES WHERE AN ITEM MAY NOT BE APPLICABLE, CHECK "NO" AND EXPLAIN IN THE COMMENTS**

A. OWNER'S SECTION: Has owner's and/or property management's information changed since last inspection? Yes ____ No ____
 If yes, provide details above.

- | | |
|--|--|
| 1. Is the building occupied? Y ____ N ____ | 5. Have there been any modifications to the system since the last certification? (If yes, explain) Y ____ N ____ |
| 2. Has the building occupancy or hazard or floor layout changed since the last inspection? (If yes, explain) Y ____ N ____ | 6. Was there any action of alarm since the last certification? (If yes, explain) Y ____ N ____ |
| 3. Are all systems kept in service? Y ____ N ____ | 7. Does this certification cover all fire alarm systems in the building? Y ____ N ____ |
| 4. Are the test results kept on file? Y ____ N ____ | |

OWNER / OWNER'S REPRESENTATIVE NAME (*PRINT*)

OWNER / OWNER'S REPRESENTATIVE SIGNATURE

DATE

B. CONTROL EQUIPMENT

- | | |
|---|---|
| 8. Was the fire alarm Control Panel in an accessible location (In main entrance or unlocked room)? Y ____ N ____ | 13. Were audible and visible trouble and alarm signals in the Control Panel satisfactory? Y ____ N ____ |
| 9. Was the battery charging circuit in the Control Panel operating correctly and at the proper voltage? Y ____ N ____ | 14. Were trouble signal silence switches and alarm silence switches in the Control Panel tested satisfactorily? Y ____ N ____ |
| 10. Was Ground Fault Monitoring tested satisfactorily? Y ____ N ____ | 15. Was the off-premises transmission test satisfactory? Y ____ N ____ |
| 11. Was the test of lamps and LED's in the Control Panel satisfactory? Y ____ N ____ | 16. Did the remote annunciator test satisfactorily? Y ____ N ____ |
| 12. Was the test of interface equipment satisfactory? Y ____ N ____ | 17. Was the Control Panel supervision test acceptable? Y ____ N ____ |

C1. INITIATING DEVICES

- | | |
|---|--|
| 18. Were signs mounted at each pull station stating "IN CASE OF FIRE: SOUND ALARM AND CALL 911 or THE FIRE DEPARTMENT"? Y ____ N ____ | 24. Were restorable heat detector tests acceptable? Y ____ N ____ |
| 19. Were the manual fire alarm box tests acceptable? Y ____ N ____ | 25. Were the alarm verification tests satisfactory? Y ____ N ____ |
| 20. Were the smoke detector inspection/tests acceptable? Y ____ N ____ | 26. Was the sensitivity of all Smoke Detectors tested in accordance with NFPA72 (2007) Section 10.4.4.2.4? (Provide results on page 5 or provide NFPA compliant panel printout) The certification of smoke detector sensitivity shall be performed according to the Philadelphia Fire Code Section F-907.20.3.1 (see below). Y ____ N ____ |
| 21. Were the smoke detector thermal elements tests acceptable? Y ____ N ____ | 27. Were the duct smoke detector tests acceptable? Y ____ N ____ |
| 22. Were the smoke detector control output tests acceptable? Y ____ N ____ | |
| 23. Were non-restorable heat detectors inspected and in satisfactory condition? Y ____ N ____ | |

F-907.20.3.1 Certification of smoke detector sensitivity. Alternate year sensitivity testing shall begin in odd-numbered years. Where the one-year sensitivity test occurs in an even-numbered year, the next sensitivity test is not due until the second subsequent odd-numbered year. Results of sensitivity tests shall be listed on annual inspection and certification forms and submitted to the Department of Licenses and Inspections in the years testing is performed.

C2. SUBSECTION: SPRINKLER SYSTEM SUPERVISION (IF APPLICABLE Yes___, No___. If no, explain)

- 28. Were the water flow switch inspection/tests acceptable? Y___ N___
- 29. Were the valve tamper switch inspection/tests acceptable? Y___ N___
- 30. Were the low temperature sensor inspection/tests acceptable? Y___ N___
- 31. Were the low air pressure switch inspection/tests acceptable? Y___ N___
- 32. Were the Fire Pump power supervision inspection/tests acceptable? Y___ N___
- 33. Were the Fire Pump Running supervision inspection/tests acceptable? Y___ N___
- 34. Were the Fire Pump Trouble supervision inspection/tests acceptable? Y___ N___
- 35. Were the Fire Pump Alternate Power inspection/tests acceptable? Y___ N___

C3. SUBSECTION: OTHER INITIATION (IF APPLICABLE Yes___, No___. If no, explain)

- 36. Are all range hood/other suppression systems interconnected to this system as required? Y___ N___
- 37. Were all range hood/other suppression system inspection/tests acceptable? Y___ N___
- 38. Are all existing air handler duct smoke detectors interconnected to this system? Y___ N___
- 39. Were all air handler duct smoke detector inspection/tests acceptable? Y___ N___

D1. AUDIBLE / VISIBLE DEVICES

- 40. Were the ambient sound levels tested with the normal ambient noises present (HVAC, etc.) and recorded below? Y___ N___
- 41. Were alarm sounds levels tested and recorded below? Y___ N___
- 42. Were visible alarms tested and operating properly? Y___ N___
- 43. Did sound levels reach the minimum requirement of 70dBA or 15 dBA above ambient (whichever is greater) in all sleeping rooms with the sleeping room door closed? Y___ N___
- 44. Was the sound testing device set for dBA and slow response? Y___ N___

AUDIBILITY RECORD: (Describe in detail the locations tested and the results in boxes below - use additional sheets if necessary.)
 Audibility Readings must be taken in at least one unit per floor AND at least one reading for each style unit in the building.

LOCATION TESTED (Fill in exact location next to description; i.e. Unit D-10 etc.)	FLOOR	AMBIENT LEVEL	ALARM LEVEL
COMMON AREA LOCATION:			
COMMON AREA LOCATION:			
COMMON AREA LOCATION:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			

D2. SUBSECTION: OTHER SYSTEM OUTPUTS/INTERCONNECTIONS

(IF APPLICABLE Yes___, No___. If no, explain)

- 45. Are all range hood/other suppression systems interconnected to fuel shut off/power disconnects as required? Y___ N___
- 46. Are all air handlers over 2000 cfm shut down as required? Y___ N___
- 47. Were all Primary Floor Elevator Recall inspection/tests acceptable? Y___ N___
- 48. Were all Secondary Floor Elevator Recall inspections/tests acceptable? Y___ N___
- 49. Were all Elevator Power Shutoff/Shunt Trip inspection/tests acceptable? Y___ N___
- 50. Were all Elevator Fire Fighters Hat feature inspection/tests acceptable? Y___ N___
- 51. Were all Door Hold Open Release inspection/tests acceptable? Y___ N___

E. ELECTRICAL

- 52. Was the fire alarm system power connected to a branch circuit of house panel? Y ___ N ___
- 53. Was the fire alarm system power disconnected for the dedicated branch circuit locked in the "On" position? Y ___ N ___
- 54. Was the fire alarm system power disconnect location clearly identified in writing at or on the control panel? Y ___ N ___
- 55. Was the test of the primary power source satisfactory? Y ___ N ___
- 56. Was the test of the secondary power source (e.g. batteries) satisfactory? Y ___ N ___
- 57. Was the system tested using the secondary power source? Y ___ N ___

- 58. Were all additional NAC power supply inspection/tests acceptable? Y ___ N ___
 - 59. Were all additional subcontrol, amplifier, firefighter phone panels and auxiliary power supply inspection/tests acceptable? Y ___ N ___
 - 60. Were all batteries for additional NAC power supplies subcontrols, amplifiers, fire fighter phone panels and auxiliary, power supplies load tests/inspections acceptable? Y ___ N ___
 - 61. Were all batteries load tested? Y ___ N ___
- Provide Make and Model of tester used? _____

F. VOICE EVACUATION SYSTEM (IF APPLICABLE Yes___, No___, If no, explain)

- 62. Is this system applicable to the system being tested? Y ___ N ___
(If YES, complete this section)
- 63. Was the Fire Command Center operating properly? Y ___ N ___

- 64. Were speaker sound pressure and clarity recorded in Section D? Y ___ N ___
- 65. Were amplifier/tone generators tested satisfactory? Y ___ N ___

G. FIRE FIGHTER PHONE SYSTEMS (IF APPLICABLE Yes___, No___, If no, explain)

- 66. Was the call-in signal silence function correct? Y ___ N ___
- 67. Was the off-hook indicator verified? Y ___ N ___
- 68. Were phone jacks tested satisfactorily? Y ___ N ___

- 69. Were phone sets tested satisfactorily? Y ___ N ___
- 70. Were handset system voice quality and clarity acceptable? Y ___ N ___

H. MONITORING (IF APPLICABLE Yes___, No___, If no, explain)

- 71. Is this system monitored or required to be monitored? Y ___ N ___
(If YES, complete this section)

72. This system is monitored under which of the NFPA 72 monitoring categories?

Proprietary Supervising Station	<input type="checkbox"/>
Remote Supervising Station	<input type="checkbox"/>
Other (Explain in comments section)	<input type="checkbox"/>
Central Station Service	<input type="checkbox"/>

The system is monitored in compliance with the above checked (✓) method. Y ___ N ___

- 73. The system sends a daily test signal to the monitoring station? Y ___ N ___
- 74. The system has two telephone lines or other NFPA method of communication with the monitoring station? Y ___ N ___

75. The monitoring station is UL approved to receive Fire Alarm Signals? Y ___ N ___

76. The name of the Monitoring Entity is: _____
 Telephone #: _____
 Account Reference No: _____
 UL Certification #: _____

75. The system was tested to the monitoring station for the following conditions:

- A. Alarm and Restore Y ___ N ___
- B. Trouble and Trouble Restore Y ___ N ___
- C. Supervisory Signal and Restore Y ___ N ___
- D. Ground Fault and Restore Y ___ N ___
- E. AC Power Loss and Restore Y ___ N ___

INSPECTED BY (PRINT NAME) _____ (SIGNATURE) _____

CERTIFIER'S SIGNATURE _____ DATE _____

