



ROSEMOUNT

COMMUNITY DEVELOPMENT

Certificate of Completion

Fire Alarm Systems and Fire Protection Monitoring Systems

This form must be completed and available to the inspector upon their arrival to conduct a final fire alarm system or fire protection monitoring system performance test.

Location of System

Bus Name: _____
 Address: _____
 City/State/Zip: _____
 Bus. Phone: _____
 Contact Person: _____
 E-Mail: _____

System Installer/Tester

Bus Name: _____
 Address: _____
 City/State/Zip: _____
 Bus. Phone: _____
 Contact Person: _____
 E-Mail: _____

General Information

Alarm Panel Manufacturer: _____ Model: _____
 Alarm Panel Location: _____
 Annunciator Panel Location(s): _____
 Primary Telephone #: _____ Secondary Telephone #: _____
 Other Communication Method: _____
 Monitoring Company: _____ Phone: _____
 Passcode: _____ UL Certificate #: _____
 Reset Procedure: _____

Fire Suppression Systems

	Wet or Dry	Inspectors Test Valve Location	Time to Alarm	Test Date	Static Pressure	Residual Pressure
Zone 1						
Zone 2						
Zone 3						
Zone 4						
Zone 5						
Zone 6						
Zone 7						
Zone 8						

Fire Alarm Control Panel (FACP)

	Yes	No	N/A
Does panel indicate normal conditions			
Are all indicating lamps in working order			
Does the trouble light operate			
Do audible panel alarms operate			
Does the silence switch operate			
Are batteries properly installed			
Does panel have zone disable capabilities			

Detection and Notification Appliances

Devices	Quantity	Quantity Tested	Cleaned	OK	Failed
Remote Annunciators					
Zones					
Manual Pull Stations					
Detectors					
Photoelectric					
Ionization					
Thermal					
Flame					
Rate of Rise					
Fixed Temperature					
Duct					
Audible Alarm Devices					
Bell					
Horn					
Horn & Strobe					
Water Flow Switches					
Paddle Type					
Pressure Type					
Tamper Switches					
O.S. & Y. Valves					
Butterfly Valves					
Post Indicator Valve					
Other					

Comments: _____

Did the alarm monitoring company receive the signals? Yes ____ No ____

Documentation and labeling:

- Installing contractor information provided on panel
- Monitoring contractor information provided on panel
- Account number provided on panel
- Circuit breaker location and number provided on panel
- Documentation cabinet provided (SYSTEM RECORD DOCUMENTS)
- All required documents placed into cabinet
- System reset information provided to fire department
- One key of the fire alarm system provided to the fire Marshal.

Is the alarm system back in service? Yes ____ No ____

Alarm Installer Certification

I, _____, representing the firm _____, have installed/tested the fire alarm system/fire protection monitoring system at the location detailed on this certificate in accordance with the approved plans and nationally recognized standards. I have tested the system in accordance with the manufacturer's specifications, current NFPA requirements and local ordinances.

Alarm Installer: _____ **Date:** _____