

*Upload completed forms to the Building Permit in eCLIPSE.

**Upload completed forms through the "Submit an Annual Certification Report" option in eCLIPSE. www.eclipse.phila.gov.

Fire Alarm System Certification Form

Use this form to provide results and c	ertify the fire alarm system testing performed. Submit one certification for each sys	item.	
Indicate Type of Certification (check one):	New installation* Annual **		
Property Information Provide the property address where the testing will be performed. Address:	2419-37 S. BeOAD St. 19148		
Building Owner/Owner's Agent Provide the contact information for the building owner/owner's agent. Address: Email:	tains Theory School 2407 S. Berno St. Philippelphia PA 19148 [WASCO@steinstheoryschools.orsphone: 267-784-0026		
Contractor and Inspector Information (a) The contractor must provide their contact information and license number, then sign and date. (b) The fire alarm inspector must provide their contract information as well as license.	tractor Information ontractor Name: Cintas Fire Protection mail: Phone: 610-233-1400 Date: Date: Alarm Inspector Information irre Alarm Inspector Name: Mark J. McGinn irre Alarm Inspector Name: Phone: 215-852-8124 irre Alarm Inspector License #: 3707-41620 Certification #: NICET II #128907		
Note: Skip section 4 for new installation. This section is to be completed by the property owner or agent. Provide explanation for all "no" answers, except as noted. • Has installation. • Are • Are • Are • Was •	the building occupied? If yes, explain: all systems kept in service? the test results kept on file? If yes, explain: there been any modifications to the system since the last certification? If yes, explain: If yes, explain: If yes, explain:	☐Yes ☐Yes ☐Yes	
Control Equipment This section is to be completed by the fire alarm inspector. Is a section is to be completed by the fire alarm inspector. Is a section is to be completed by the fire alarm inspector. Is a section is to be completed by the fire alarm inspector.	the fire alarm Control Panel in an accessible location(in main entrance or unlocked room)? The battery charging circuit in the Control Panel operating correctly / at the proper voltage? Ground Fault Monitoring testing satisfactory? The test of lamps and LED's in the Control Panel satisfactory? The test of interface equipment satisfactory? The the audible and visible trouble and alarm signals in the Control Panel satisfactory? The trouble signal silence switches and alarm silence switches in the Control Panel ted satisfactory? The off-premises transmission test satisfactory? The control Panel supervision test acceptable?	Yes Yes Yes Yes Yes Yes Yes Yes Yes	



Initiating Devices Section (A)

*Note: The certification of smoke detector sensitivity shall be performed according to the Philadelphia Fire Code Section

F-907: Alternate year sensitivity testing shall begin in oddnumbered 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 page 4 of this form or an NFPA compliant panel printout shall be provided for each year testing is performed.

Complete Sections (B) and (C) only if applicable.

	(A)	Initiating Devices		Α.
	•	Are signs mounted at each pull station stating. "IN CASE OF FIRE. SOUND ALARM AND CALL 911 or THE FIRE DEPARTMENT"?	<u>.</u>	□No
		Are the manual fire alarm box tests acceptable?		□No
		Are the smoke detector inspection / tests acceptable?		□No
	•	Are the smoke detector thermal elements tests acceptable?		□No
		Are the smoke detector control output tests acceptable?	Yes	□No
	•	Are non-restorable heat detectors inspected and in satisfactory condition?	Yes	□No
		Are restorable heat detector tests acceptable?	_	□No
		Are the alarm verification tests satisfactory?	☐Yes	□No
	•	Are the duct smoke detector tests acceptable?	Yes	No
	•	*Is the sensitivity of all Smoke Detectors tested in accordance with NFPA 72 (2016) Section 14.4.4.3.4?	Yes	□No
	/B	Sprinkler System Supervision (complete if applicable)	Yes	No
	(6	If no, explain:		
6		Are the water flow switch inspection / tests acceptable?	Yes	No
		Are the valve tamper switch inspection / tests acceptable?	Yes	No
	•	Are the low temperature sensor inspection / tests acceptable?	Yes	□No
		Are low air pressure switch inspection / tests acceptable?	☐Yes	No
		Are the Fire Pump power supervision inspection / tests acceptable?	⊡ Yes	No
		Are the Fire Pump Running supervision inspection / tests acceptable?	Yes	□No
		Are the Fire Pump Trouble supervision inspection / tests acceptable?	Yes	□No
		Are Fire Pump Alternate Power inspection / tests acceptable?	□Yes	□No
	(0	c) Other Initiation (complete if applicable)	⊡ Yes	□No
		Are all range hood / other suppression systems interconnected to this system as required?	Gres	□No
		Are all range hood / other suppression systems inspections / tests acceptable?	Yes	No
		Are all existing air handler duct smoke detectors interconnected to this system?	☐ fes	□No
		Were all air handler duct smoke detector inspection / tests acceptable?	Yes	□No
	(/	A) AUDIBLE / VISIBLE DEVICES		
		Are the ambient sound levels tested with the normal ambient noises present (HVAC, etc.)? and recorded on Page 3?	⊡ Yes	□No
		Are alarm sound levels tested and recorded on Page 3?	⊋Yes	□No
		Are visible alarms tested and operating properly?	Yes	□No
7		Did sound levels reach the minimum requirement noted below? (check the appropriate box below)	⊿ Yes	□No
		Systems installed prior to January 1984 = Sufficient volume to be heard		
		leaves 1984 until March 1991 = 15 dba above ambient in occupied spaces	ing spaces	
	3	May 1991 until December 2009 = 70 dba in sleeping rooms, 70 mechanical spaces, 60 in remaini	ng spaces	
	20	I January 2010 until Present = 75 dba sleeping rooms, 70 in mechanical spaces and 60 in remaining	3	

Audible / Visible Devices

Section (A)

Complete the table on page 3 to record the ambient and alarm sound level tests.

(Continue on next page)



udible / Visible Devices			ARM VEL
continued)	COMMON AREA LOCATION.		
udibility record Describe in	COMMON AREA LOCATION. See INSpection report		
etail the locations tested and the esuits in the table.	COMMON AREA LOCATION:		
udible readings must be taken in t least one unit per floor AND at east one reading for each style	SLEEPING AREA		
nit in the building.	SLEEPING AREA		
lse additional sheets if ecessary.	SLEEPING AREA:		
	SLEEPING AREA.		
	SLEEPING AREA.		
	OTHER:		
7	OTHER:		
	OTHER:		
	OTHER:		
Complete Section (B) if	(B) OTHER SYSTEM OUTPUTS / INTERCONNECTIONS (complete if applicable)	Yes	□No
applicable.	If no, explain:		
	 Are all range hood / other suppression systems interconnected to fuel shut off / power disconnects as required? 	res	□No
	Are all air handlers over 2000 cfm shut down as required?	es	No
	Are all Primary Floor Elevator Recall inspection / tests acceptable?	⊌¥es	□No
	 Are all Secondary Floor Elevator Recall inspection / tests acceptable? 	es	□No
	Are all Elevator Power Shutoff / Shunt Trip inspection / tests acceptable?	⊉ Yes	□No
	 Are all Elevator Fire Fighters Hat feature inspection / tests acceptable? 	Yes	□No
	Are all Door Hold Open Release inspection / tests acceptable?	□ ¥es	∐No
Electrical	Is the fire alarm system power connected to a branch circuit of house panel?	⊒ Yes	□No
Liectrioti	 Is the fire alarm system power disconnected for the dedicated branch circuit locked in the "On" position? 	₽¥es	□No
	 Is the fire alarm system power disconnect location clearly identified in writing at or on the control panel? 	₽¶es	□No
	Is the test of the primary power source satisfactory?	□ Yes	□No
	 Is the test of the secondary power source (e.g., batteries) satisfactory? 	Yes	□No
8	 Is the system tested using the secondary power source? 	Yes	□No
	 Are all additional NAC power supply inspection / tests acceptable? 	■¥es	□No
	 Are all additional sub control, amplifier, firefighter phone panels and auxiliary power supply inspection / tests acceptable? 	□ Yes	□No
	 Are all batteries for additional NAC power supplies sub controls, amplifiers, fire fighter phone panels and auxiliary, power supplies load tests / inspections acceptable? 	□ Yes	□No
4	Are all batteries load tested?	₽¥es	□No
	Provide Make and Model of tester used: ACT 612A		



/oice, Phone, Monitoring	60.200	VOICE EVACUATION SYSTEM (complete if applicable):	□Yes	□No
Monitoring		If no, explain:		
Complete Sections (A), (B) and (C) if applicable.		Is this system applicable to the system being tested?	Yes	□No
B) and (c) ii application		If yes, complete this section:		
		Is the Fire Command Center operating properly?	∐Yes	□No
		Is speaker sound pressure and clarity recorded in the Section 7 table?	∐Yes	□No
		Are amplifier / tone generators test satisfactory?	Yes	□No
	(B)	FIRE FIGHTER PHONE SYSTEM (complete if applicable):	_Yes	□No
		If no, explain:		
		Is the call-in signal silence function correct?	∐Yes	□No
		Is the off-hook indicator verified?	Yes	□No
	a	Are phone jacks tested satisfactorily?	Yes	□No
		Are phone sets tested satisfactorily?	☐Yes	□No
		Are handset system voice quality and clarify acceptable?	□Yes	□No
	(C)	MONITORING (complete if applicable):	⊡ Yes	□No
		If no, explain:		
		Is this system monitored or required to be monitored?	⊉ Ýes	□No
	9	If yes, complete this section:		
		This system is monitored under which of the NFPA 72 monitoring categories?		
		Proprietary Supervising Station Central Station Service		
		Remote Supervising Station		
		The system is monitored in compliance with the selected method above.	□ Yes	□No
		The system sends a daily test signal to the monitoring station.	Pes	□No
		The system has two telephone lines or other NFPA method of communication with the monitoring station.	⊡ √es	□No
		The monitoring station is UL approved to receive Fire Alarm Signals.	es	□N¢
		The name of the Monitoring Entity is:		
		Phone #: 1-888-ALIRM Pd		
		Account Reference No.: 165498 UL Certification #:		_
		The system is tested to the monitoring station for the following conditions:		
		Alarm and Restore ☑Yes □No		
		Trouble and Trouble Restore		
		Ground Fault and Restore		
		Supervisory Signal and Restore		
		AC Power Loss and Restore		
	CONTRACTOR OF THE PARTY OF THE			



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Additional		
Explanations and Notes		
	10	
	10	

DETECTOR SENSITIVITY RESULTS							
LOCATION	DEVICE TYPE	VISUAL	FUNCTIONAL TEST	FACTORY SETTING	MEASURED SETTING	PASS	FAIL
C							
dee inspection report							
			,				

Declaration & Signature

By accepting this statement, I, the certified technician shown on this form, certify that this fire alarm system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building owner/owner's agent for corrective action.

The certification must be presented by the Contractor to the building owner/owner's agent upon completion and shall be maintained on the property and made available for inspection upon request.

The Deficiency Form (TP, 015, F) shall be submitted to the Department of Licenses and Inspections when deficie	encies are	not co	rrected	within 45 days
The Deficiency Form (TP_015_F) shall be submitted to the Department of Licenses and Inspections when deficient Signature of Fire Alarm Inspector:	Date:	3	28	24
	Date	- /		/
Signature of Building Owner/Owner's Agent:	Date:	3/	Z8/	11