



TOWN OF SUFFIELD

83 Mountain Rd, Suffield, CT 06078

www.suffieldct.gov

Fire Marshal

Fire Alarm Pre-Acceptance Test Requirement Checklist

Pre-Test Date: Building Permit Number: Final Acceptance Date:

Business/Bldg. Name: Fire Alarm Company:

Permit Site Address:

<u>NICET Certified Alarm Contractor:</u>	<u>Phone Number:</u>	<u>Email:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>General Contractor:</u>	<u>Phone Number:</u>	<u>Email:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Before requesting final approval of the installation, if required by the authority having jurisdiction, the installing contractor shall furnish a written statement stating that the system has been installed in accordance with approved plans and tested in accordance with the manufacturer's published instructions and the appropriate NFPA requirements.

APPROVED OFF-SITE SUPERVISING STATION – SIGNAL VERIFICATION				
SIGNAL TYPE	PASS	FAILED	N/A	Comments
Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm Restored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Restored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisory Restored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PASS	FAIL	N/A	POWER SUPPLIES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire alarm systems primary power AC circuit is dedicated, labeled, and locked.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary power shall automatically provide power to the protected premises system within 10 seconds whenever the primary power supply voltage is insufficient for required system operation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secondary power supply shall have sufficient capacity to operate system (under non alarm condition) for a minimum of 24 hours.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failure of either the primary or secondary power supply shall result in trouble signal within 200 seconds.

PASS	FAIL	N/A	INITIATING DEVICES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All initiating devices shall be tested and operate as designed on both AC power and secondary power.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locations and wiring of all initiating devices are the same as submitted plans as required by code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All initiating devices shall be monitored by the FACP/annunciator.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Upon device activation, the FACP/annunciator shall receive the correct signal from the initiating device. If the FACP is addressable, then the device address/number and location shall be displayed.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Pull Station(s) – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Smoke Detector(s) (All Types) – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heat detector(s) – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire, gas, and other detectors – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Waterflow or pressure switches – Tested as prescribed by manufacturer and functions as intended per fire code. Activation of the initiating device shall occur within 90 seconds of waterflow.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High- or low-air pressure switches – Tested as prescribed by manufacturer and functions as intended per fire code. Activation shall send supervisory signal when required system pressure is increased or decreased a maximum 10 psi from the required pressure level.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Valve Tamper Switches – FACP shall receive a supervisory or trouble signal indicating movement of the valve from its normal operating position.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Post indicator valve tamper switch – FACP shall receive a supervisory or trouble signal indicating movement of the valve from its normal operating position.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire pumps – Where fire pumps are required to be monitored and a building fire alarm system is installed, a pump running signal shall be transmitted as a supervisory signal to the FACP.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special hazard suppression systems (kitchen hood suppression, dry chem, CO2, foam, clean agent) – Special hazard suppression systems shall be monitored by FACP

PASS	FAIL	N/A	NOTIFICATION APPLIANCES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All notification appliances shall be tested as prescribed by manufacturer and functions as intended per fire code on <u>both</u> AC power and secondary power.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The locations and wiring of all notification devices shall match the approved submitted plans as required by code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audible appliances (speaker/horn) – Tested as prescribed by manufacturer and functions as intended per fire code. Audible appliances shall have a sound level at least 15 dB above the average ambient sound level.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Visual appliances (strobe) – Tested as prescribed by manufacturer and functions as intended per fire code. Strobes shall not be obstructed and when 2 or more visible notification devices are in any field of view, they shall flash in synchronization.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Combination (horn/strobe) – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Horn/Strobe – Shall be located above FDC. Tested as prescribed by manufacturer and functions as intended per fire code.

PASS	FAIL	N/A	EMERGENCY COMMUNICATION SYSTEMS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	In-Building Fire Emergency Voice Alarm Communication System and/or Mass Notification System - Tested as prescribed by the manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Telephone Communication System – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area of Refuge Emergency Communication Systems - Tested as prescribed by manufacturer and functions as intended per fire code.

PASS	FAIL	N/A	EMERGENCY CONTROL FUNCTION INTERFACES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevator tie-in with fire alarm – Elevator recall and Elevator Shunt Trip function as intended per fire code. <u>To be verified by State Elevator Technician</u>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hold-Open Door Releasing Devices and/or other Door Control Devices – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire/Smoke Dampers – Tested as prescribed by manufacturer and functions as intended per fire code.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HVAC Shutdown – Tested as prescribed by manufacturer and functions as intended per fire code.

Please list any deficiencies found during the testing process:

Comments/Explanatory notes:

THIS DOCUMENT IS NOT INTENDED TO BE A COMPREHENSIVE LIST OF REQUIREMENTS TO OBTAIN A CERTIFICATE OF OCCUPANCY AND SHALL NOT BE CONSTRUED AS SUCH. CODE DEFICIENCIES MAY BE FOUND DURING THE FINAL ACCEPTANCE TESTING PROCESS THAT ARE OUTSIDE THE SCOPE OF THIS DOCUMENT. IF SUCH DEFICIENCIES ARE IDENTIFIED, THEY SHALL BE CORRECTED TO COMPLY WITH ALL CODE REQUIREMENTS. APPLICANTS ARE RESPONSIBLE FOR FULLY APRISING THEMSELVES OF THE REQUIREMENTS LISTED IN THE STATE OF CONNECTICUT FIRE SAFETY CODE, NFPA 72, AND ANY OTHER APPLICABLE STANDARDS.

ANY AND ALL DEFICIENCIES IDENTIFIED WHILE COMPLETING THIS FORM SHALL BE CORRECTED TO COMPLY WITH ALL CODE REQUIREMENTS. UNLESS APPROVED BY THE SUFFIELDS FIRE MARSHAL'S OFFICE ALL DEFICIENCIES SHALL BE CORRECTED PRIOR TO THE OFFICIAL FIRE ALARM ACCEPTANCE TEST OF THE OCCUPANCY.

NICET Fire Alarm
Tech Signature:

Date:

General Contractor
Signature:

Date: