

199 South Los Robles Suite 550 Pasadena California 91107 Phone (626) 744-4668 Fax (626) 585-9164

## City of Pasadena Fire Department Statement of Completion

## FIRE ALARM SYSTEM TEST

Service and maintenance has been completed at the following location. This service and report includes all aspects in reference to standards set forth by National Fire Alarm Code NFPA 72, Pasadena Municipal Code and Tiltle 25 of the Health and Safety Code.

System Certified: Yes □/ No □	Date:
	Time:
SERVICE COMPANY	PROPERTY NAME
Name:	Name:
Address:	Address:
Technician:	Owner:
License #:	Phone:
Phone:	
MONITORING COMPANY	REVIEWING AGENCY
Name:	Name:
Phone:	Phone:
Account #:	

fire alarm cert form.docx 1 Created 9/6/2011

	ANMISSION TYP McCulloh	L	SERVICE  ☐ Weekly				
_							
<ul><li>■ Multiplex</li><li>■ Digital</li></ul>				<ul><li>■ Monthly</li><li>■ Quarterly</li></ul>			
	Reverse Priority		☐ Semiannually				
	RF		☐ Annually				
	Other (Specify)		Other (Specify)				
-							
	ntrol Unit nufacturer:		Model #:				
Circuit Styles:							
Soft	tware Rev.:						
Last	t Date of Software	or Configuration Perfo	med:				
	ALA	RM-INITIATING D	VICES AND CIRCUIT INFORMA	TION			
	Number of vices Installed	Circuit Style	Number of Devices Installed				
DC	vices instance	Circuit Style	Manual Fire Ala	rm Boxes			
			Ion Detectors	20110			
			Photo Detectors				
	<u> </u>		Duct Detectors				
	<u> </u>		Heat Detectors				
			Water Flow Swi	tches			
			Water Flow Swi				
			Water Flow Swi Supervisory Sw Other (Specify)				
			Supervisory Sw				
	ALARM	NOTIFACATION A	Supervisory Sw	itches			
		NOTIFACATION A	Supervisory Sw Other (Specify)	itches			
	ALARM Number of Appliances Installed	NOTIFACATION A	Supervisory Sw Other (Specify)	itches			
	Number of Appliances		Supervisory Sw Other (Specify)  PPLIANCE AND CIRCUIT INFOR	itches			
	Number of Appliances		Supervisory Sw Other (Specify)  PPLIANCE AND CIRCUIT INFOR  Number of Appliances Tested	MATION			
	Number of Appliances		Supervisory Sw Other (Specify)  PPLIANCE AND CIRCUIT INFOR  Number of Appliances Tested  Bells	MATION			
	Number of Appliances		Supervisory Sw Other (Specify)  PPLIANCE AND CIRCUIT INFOR  Number of Appliances Tested  Bells  Horns w/ Strobes  Chimes Strobes	MATION			
	Number of Appliances		Supervisory Sw Other (Specify)  PPLIANCE AND CIRCUIT INFOR  Number of Appliances Tested Bells Horns w/ Strobe Chimes	MATION			

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Number of Devices Installed C	ircuit Style	Number of Device	es Installed		
Devices instance	n cuit style	Number of Bevie	Fire Pump Power		
	<del></del>		Fire Pump Running		
			Fire Pump Position		
			Pump Controller Trou	ible	
	<del></del>		Pump Fuel Low		
	<del></del>		Generator in Auto		
			Generator / Controller	r Trh	
			Switch Transfer	. 110	
			Generator Running		
	-		O(1(C:C-)		
	-		Otner (Specify)		
Over Current Prot. Location of Primary Suj  (b) Secondary (Standby):	Normal Voltage: Type: pply Panel board: Storage Bat	•	Amps Amps		
Driven generator dedica		= -		nours Engine	
Location of fuel storage	-	stem.			
	•				
BATTERY TYPE	_	<b>-</b>			
□ Dry Cell	_	Lead Acid			
☐ Nickel-Cadmium	L	☐ Other (Specify)			
☐ Sealed Lead-Acid					
(c) Emergency or standby s Power supply:	ystem used as back	cup to primary powe	er supply, instead of usi	ing a secondary	
☐ Emergency system	described in NFPA	70. Article 700			
☐ Legally required sta			01		
	•		02, which also meets th	ie performance	
Requirements of Ar		,	,	r	

## PRIOR TO ANY TESTING

NOTIFICATIONS I Monitoring Company Building Occupants Building Management Other (Specify) AHJ (PFD) Notified of De		YES	NO	WHO	TIME
	SYSTEM	I TESTS AND	INS	SPECTIONS	
ТҮРЕ	VISUAL	FUNCTIONAL		COMME	NTS
Control Unit					
Interface Equipment					
Lamps/LEDs					
Fuses					
Primary Power Source					
Trouble Signals					
Disconnect Switches					
Ground Fault Monitor					
SECONDARY POW	ER				
ТҮРЕ	VISUAL	FUNCTIONA	L	COMME	ENTS
<b>Battery Condition</b>					
Lead Voltage					
Discharge Test					
Charger Test			_		
Specific Gravity					
Transient Suppressors					
Remote Annunciations					
Notification Appliances			_		
Audible			_		
Visible		_			
Speakers					
Voice Clarity			_		

THIS FORM ALONG WITH THE TEST REPORT FROM THE CENTRAL STAION SHALL BE KEPT IN THE OFFICE FILES OF THE TESTED LOCATION. ADDITIONALLY A COPY OF THIS TEST ALONG WITH THE TEST REPORT FROM THE CENTRAL STATION SHALL BE SUBMITTED TO THE PASADENA FIRE DEPARTMENT FIRE AND ENVIRONMENTAL SAFETY DIVISION 199 S LOS ROBLES PASADENA CALIFORNIA 91107

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