



Fire Alarm System Certification Form

Use this form to provide results and certify the fire alarm system testing performed. Submit one certification for each system.

Indicate Type of Certification (check one): New installation* Annual **

Property Information

Provide the property address where the testing will be performed.

1

Address: _____

Building Owner/Owner's Agent

Provide the contact information for the building owner/owner's agent.

2

Name: _____

Address: _____

Email: _____ Phone: _____

Inspector Information

Provide the contact information for the licensed electrical contractor or licensed fire alarm inspector.

3

Inspector Name: _____

Email: _____ Phone: _____

License No.: _____

Company Name: _____

Company Address: _____

General Information

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.

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- Is the building occupied? Yes No
- Has the building occupancy or hazard or floor layout changed since the last inspection? Yes No
 - If yes, explain: _____
- Are all systems kept in service? Yes No
- Are the test results kept on file? Yes No
- Has there been any modifications to the system since the last certification? Yes No
 - If yes, explain: _____
- Was there any action of alarm since the last certification? Yes No
 - If yes, explain: _____
- Does this certification cover all fire alarm systems in the building? Yes No

Control Equipment

This section is to be completed by the fire alarm inspector.

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- Is the fire alarm Control Panel in an accessible location (*in main entrance or unlocked room*)? Yes No
- Is the battery charging circuit in the Control Panel operating correctly / at the proper voltage? Yes No
- Is Ground Fault Monitoring testing satisfactory? Yes No
- Is the test of lamps and LED's in the Control Panel satisfactory? Yes No
- Is the test of interface equipment satisfactory? Yes No
- Are the audible and visible trouble and alarm signals in the Control Panel satisfactory? Yes No
- Are trouble signal silence switches and alarm silence switches in the Control Panel tested satisfactory? Yes No
- Is the off-premises transmission test satisfactory? Yes No
- Is the remote annunciator test satisfactory? Yes No
- Is the Control Panel supervision test acceptable? Yes No



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Initiating Devices

Section (A)

*Note: The certification of smoke detector sensitivity shall be performed according to the Philadelphia Fire Code Section 907.

F-907: 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 page 5 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.

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(A) Initiating Devices

- Are signs mounted at each pull station stating: *"IN CASE OF FIRE: SOUND ALARM AND CALL 911 or THE FIRE DEPARTMENT"*? Yes No
- Are the manual fire alarm box tests acceptable? Yes No
- Are the smoke detector inspection / tests acceptable? Yes No
- Are the smoke detector thermal elements tests acceptable? Yes 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? Yes 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

If no, explain: _____

- 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

(C) Other Initiation (complete if applicable) Yes No

- Are all range hood / other suppression systems interconnected to this system as required? Yes 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? Yes No
- Were all air handler duct smoke detector inspection / tests acceptable? Yes No

Audible / Visible Devices

Section (A)

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

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(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
- Did sound levels reach the minimum requirement noted below? (check the appropriate box below) Yes No
 - Systems installed prior to March 1, 1991 = Sufficient volume to be heard throughout the building
 - March 1, 1991 until December 21, 2009 = 15 dba above ambient, but not less than 60 dBa in occupied spaces and not less than 70 dBa throughout Group I-1 and R occupancies.
 - After December 31, 2009 = 15 dba above ambient, but not less than 60 dBa in occupied spaces and not less than 75 dBa throughout Group I-1 and R occupancies.

(Continue on next page)



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Audible / Visible Devices
(continued)

Audibility record: Describe in detail the locations tested and the results in the table.

Audible readings must be taken in at least one unit per floor AND at least one reading for each style unit in the building.

Use additional sheets if necessary.

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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:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			

Complete Section (B) if applicable.

- (B) OTHER SYSTEM OUTPUTS / INTERCONNECTIONS** (complete if applicable) Yes No
- If no, explain: _____
 - Are all range hood / other suppression systems interconnected to fuel shut off / power disconnects as required? Yes No
 - Are all air handlers over 2000 cfm shut down as required? Yes No
 - Are all Primary Floor Elevator Recall inspection / tests acceptable? Yes No
 - Are all Secondary Floor Elevator Recall inspection / tests acceptable? Yes 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? Yes No

Electrical

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- Is the fire alarm system power connected to a branch circuit of house panel? Yes No
- Is the fire alarm system power disconnected for the dedicated branch circuit locked in the "On" position? Yes No
- Is the fire alarm system power disconnect location clearly identified in writing at or on the control panel? Yes 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
- Is the system tested using the secondary power source? Yes No
- Are all additional NAC power supply inspection / tests acceptable? Yes 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
- Are all batteries load tested? Yes No
- Provide Make and Model of tester used: _____



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Voice, Phone, Monitoring

Complete Sections (A), (B) and (C) if applicable.

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(A) VOICE EVACUATION SYSTEM (complete if applicable): Yes No

If no, explain: _____

- Is this system applicable to the system being tested? Yes No

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
Are phone jacks tested satisfactorily? Yes No
Are phone sets tested satisfactorily? Yes No
Are handset system voice quality and clarity acceptable? Yes No

(C) MONITORING (complete if applicable): Yes No

If no, explain: _____

- Is this system monitored or required to be monitored? Yes No

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 Other, explain: _____
The system is monitored in compliance with the selected method above. Yes No
The system sends a daily test signal to the monitoring station. Yes No
The system has two telephone lines or other NFPA method of communication with the monitoring station. Yes No
The monitoring station is UL approved to receive Fire Alarm Signals. Yes No

The name of the Monitoring Entity is: _____

Phone #: _____

Account Reference No.: _____ UL Certification #: _____

- The system is tested to the monitoring station for the following conditions:

- Alarm and Restore Yes No
Trouble and Trouble Restore Yes No
Ground Fault and Restore Yes No
Supervisory Signal and Restore Yes No
AC Power Loss and Restore Yes No

