



Department of
Licenses and Inspections
CITY OF PHILADELPHIA

*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 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 (2019) 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? ☐ Yes ☐ No
(check the appropriate box below)
 - ☐ 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 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Trouble and Trouble Restore | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Ground Fault and Restore | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Supervisory Signal and Restore | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| AC Power Loss and Restore | <input type="checkbox"/> Yes | <input type="checkbox"/> No |



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Additional
Explanations and
Notes

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DETECTOR SENSITIVITY RESULTS

LOCATION	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEASURED SETTING	PASS	FAIL

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 shall be submitted to the Department of Licenses and Inspections when deficiencies are not corrected within 45 days.

Signature of Inspector: _____

Date: _____

Signature of Building Owner/Owner's Agent: _____

Date: _____