Introduction

This manual is designed to provide you, the contractor, owner or design professional with a step-by-step guide to our process, beginning with plan submission and ending with the final approval signature.

Additional copies of this publication may be obtained from:

City of Columbus
Department of Building and Zoning Services
757 Carolyn Avenue
Columbus, Ohio 43224

On-line at:
www.bzs.columbus.gov
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STEP 1:
Fire Alarm Contractor Registration and Plan Submission

All fire alarm contractors must be licensed with the state of Ohio and registered with the City of Columbus Department of Building and Zoning Services (BZS). Instructions for registration and plan submittal for Fire Alarm Permits are available at the BZS Customer Service counter and on-line at: www.bzs.columbus.gov – ‘Click’ – Forms and Publications

Please see Appendixes ‘A’, ‘B’ and ‘C’:

- BZS Fire Alarm Permit Application with Instructions and Fee Schedule
- Columbus Fire Department Fire Alarm Permit Application
- CIC #24 - Fire Protection System Document Submittals

For non-Fire Division related questions call:
Fees and Licensing/Cashier (614) 645-6090
Status and Processing (614) 645-7562
Fire Suppression Plan Review (614) 645-7943
Fire Alarm Plan Review (614) 645-5699
Inspection:
  Fire Alarm (614) 645-6371
  Electrical (614) 645-6076
  HVAC (614) 645-3270

For Fire Division related questions call:
Fire Prevention Bureau (614) 645-7641
STEP 2: System Installation Phase

As the fire alarm system is being installed, specific inspections must be performed.

The following information will outline these procedures.

Please see Appendix “D” – CIC #3: Lead Time For Joint Inspections.
A. At the stage the contractor has installed the alarm device boxes and wiring in the rough walls (e.g. pull stations, horns, strobes, etc.) it will be necessary that these installations be inspected by the Electrical Inspector.

Inspection can be scheduled by calling the Electrical Inspection Line at 645-8265. The type of inspection is “Fire Alarm - Rough Walls”.

The items inspected will include but not be limited to:

- System components installed according to approved plans
- System components proper for this type of installation
- Device boxes in the proper location to meet all applicable codes

**NOTE:**
 Inspector will indicate approval on the Building Permit under ‘Fire Alarm – Rough

Please see Appendix ‘F’:
Sample Building Permit
B. At the stage that the contractor has installed the alarm device boxes and wiring in the rough ceiling (e.g. smoke alarms, heat detectors, etc.) it will be necessary that these installations be inspected by the Electrical Inspector.

Inspection can be scheduled by calling the Electrical Inspection Line at (614) 645-8265. The type of inspection is “Fire Alarm-Rough Ceiling.”

The items inspected will include but not be limited to:

- System components installed according to approved plans?
- System components proper for this type of installation?

**NOTE:**
Inspector will indicate approval on the Building Permit under ‘Fire Alarm - Rough Ceiling.’

Please see Appendix ‘F’:
Sample Building Permit
STEP 3: System Completion Phase

At this stage the installation contractor(s) are ready to perform a 100% pretest of all system components according to the guidelines set forth in NFPA 72.

As the test is performed, the NFPA 72 “Record of Completion” forms are to be filled out completely by the licensed installation contractor(s).

Please see Appendix ‘E’: NFPA 72 Record of Completion Form
STEP 4: Specialty Alarm Systems

Specialty systems must be tested and approved prior to the final fire alarm witness test. To schedule inspection, fax Fire Protection Request Form with a completed NFPA 72 “Record of Completion” Form to Inspection, (614) 645-8358.

NOTE:
Please see Appendix ‘D’: CIC#3: Lead Time For Joint Inspections – Fire Alarm and Fire Suppression.

A return call will be made by Inspection Clerical Staff within two (2) working days upon the receipt of fax to confirm date, time, etc.

Building and Zoning Services personnel will notify the Columbus Division of Fire of the date and time of tests conducted. Contractors must notify the Columbus Division of Fire of all cancellations scheduled after normal business hours at (614) 645-7641.
A. Smoke Detector for Air Distribution Systems

To schedule inspection, fax Fire Protection Request Form (Please see Appendix ‘G’) to BZS Inspection, (614) 645-8358.

Inspectors needed:
1. HVAC
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications and all applicable code provisions.

The items inspected will include but not be limited to:
- Inspection of installation as per the approved plans, manufacturers specifications, and all applicable codes.
- Verification of unit shutdown upon activation or switch to smoke control mode of operation.
- Verification of system circuit trouble.

B. Smoke Dampers or Combination of Fire/Smoke Dampers

To schedule inspection, fax Fire Protection Request Form (Appendix ‘G’) to BZS Inspection, (614) 645-8358.

Inspectors needed:
1. HVAC
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications and all applicable code provisions.

The items inspected will include but not be limited to:
- Inspection of installation as per the approved plans, manufacturers specifications, and all applicable codes.
- Verification of unit operation upon activation of the system
- Verification of damper operation upon activation.
C. Fire Pumps
To schedule inspection fax Fire Protection Request Form to Inspection, (614) 645-8358.

Inspectors needed:
1. Electric
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications.

D. Smoke Control Systems
To schedule inspection fax Fire Protection Request Form with a completed Record of Completion Form to Inspection, (614) 645-8358.

Inspectors needed:
1. HVAC
2. Fire Official

Testing procedures:
100% test of all devices, equipment, components and sequences in accordance with the manufacturer’s specifications and all applicable code provisions.
E. Dry Chemical, Wet Chemical, Clean Agent Systems and Carbon Dioxide Systems.

To schedule inspection fax Fire Protection Request Form with a completed Record of Completion Form to Inspection, (614) 645-8358.

Inspectors needed:
1. HVAC
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications and all applicable code provisions.

Items inspected will include, but not be limited to:

- Inspection of installation as per the approved plans, manufacturer’s specifications and all applicable code provisions.
STEP 5: Final Fire Alarm Acceptance Test

The rough fire alarm approval and the testing and approval of all specialty systems must be completed prior to scheduling the Final Fire Alarm Acceptance Test. Failure to do so will result in a failed test and loss of the Building and Fire Department inspection fees. To schedule the Final Fire Alarm Acceptance Test, fax the Fire Protection Request Form with a completed NFPA 72 “Record of Completion” Form to Inspection, (614) 645-8358.

NOTE:
Please see Appendix ‘D’: CIC#3: Lead Time For Joint Inspections – Fire Alarm and Fire Suppression.

A return call will be made by Inspection Clerical Staff within two (2) working days upon the receipt of fax to confirm date, time, etc.

Building and Zoning Services personnel will notify the Columbus Division of Fire of the date and time of tests conducted. Contractors must notify the Columbus Division of Fire of all cancellations scheduled after normal business hours at (614) 645-7641.
The Acceptance Test

The acceptance test will consist of a random inspection of device activation at a minimum of 10% of all devices (as determined by the inspector) except as otherwise noted on in this manual. The inspection must include at least one device for each system component (i.e., elevator recall, smoke detector, horn-strobe, etc.)
Fire Alarm Acceptance Test Procedures

Manual Fire Alarm Systems

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
Minimum 10% random test of all devices for circuit trouble and 100% for audibility.

Smoke Detection Systems
(excluding detectors for air distribution systems)

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
Minimum 10% random test of all devices in accordance with the manufacturers’ recommended testing method for alarm and circuit trouble.

Elevator Recall Activation

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
The designated and alternate floor levels as well as the elevator machine room must be checked. The remainder of the test can be a random check of devices.
Fire Suppression Systems
(riser flow and tamper devices)

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
100% test of riser/standpipe systems for flow alarm and tamper. Inspectors will verify the required residual pressure at system riser for all new systems. Post indicator valves and system circuit trouble shall be checked.

Special locking, egress control and electric strike devices
(i.e., hold-open devices, magnetic locks etc.)

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications.

Emergency Egress Requirements

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
100% test of all egress components including signage, lighting, and path of travel.
Fire Shutters/Rolling Fire Doors Activation

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications.

Fire Alarm System Monitoring
(including sub and booster panels/ Automatic Telephone-dialing Devices)

Inspectors needed:
1. Structural
2. Fire Official

Testing procedures:
100% test of all device activation in accordance with the manufacturers specifications.

NFPA 72 “Record of Completion” forms are to be filled out by a licensed alarm contractor and placed at the fire alarm panel prior to the final inspection.
STEP 6: Final Approval

The Structural Inspector will complete a Fire Alarm Acceptance Test Form and will indicate approval on the Building Permit under “Fire Alarm – Final” (See Appendix Item ‘F’).
Appendix A—Fire Alarm Permit Application

Applicant Name: ___________________________  Job Site Address: ___________________________  App. No.: ______________________

Fire Alarm Permit Application
City of Columbus, Ohio • Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • Fax: 614-645-0082 • www.columbus.gov

ALL FEES ARE NON-REFUNDABLE • Please type or print all information

Date:

☐ Revision to Fire Alarm Permit #: ___________________________  Bldg. Permit #: ___________________________

Type of Permit:

Residential:
☐ 1 Family Dwelling
☐ 2 Family Dwelling
☐ 3 Family Dwelling

Commercial:
☐ 4 or more Family Dwelling;
☐ # of Units: ___________________________
☐ Commercial Structure

Type of Work:
☐ Addition to Building
☐ Replace/ Repair Existing
☐ New Construction
☐ Alteration
☐ Removal Start-Fire Alarm Permit #: ___________________________

Additional Inspections Requested w/ this Application: # ______

Building Use: ____________________________________________

Scope of Work: __________________________________________

Job Site Information:

Certified Address: ___________________________  Zip: ___________________________

Working in Unit #/ Suite/ Flr.: ___________________________

Tenant’s Name(s): __________________________________________

Tax District/ Parcel: ___________________________  Cost of Construction: ___________________________

Are there any active Building and Zoning Services Violation Orders on this Property?  ☐ Y  ☐ N

Are there any active Neighborhood Services Division Violation Orders on this Property?  ☐ Y  ☐ N

Contractor:

State Company Number: ___________________________  Contractor Name: ___________________________

State Installer Number: ___________________________

Installer Name: ___________________________  Street Address: ___________________________

City, State, Zip: ___________________________

Telephone Number: ___________________________  Fax Number: ___________________________

Email Address: ___________________________

Signature of Certified Installer or Authorized Signer: ___________________________  Print or Type Name: ___________________________

PLEASE NOTE: Incomplete information will result in the rejection of this submittal.
For all questions regarding this form and fees please call: 614-645-6090
Please make checks payable the Columbus City Treasurer

Page 1 of 2

App Rev: 10/11: REMOVE APPLICATIONS WITH NEW DEPT NAME/LOGO
## Appendix A—Fire Alarm Permit Application

### Fire Alarm Permit Application

City of Columbus, Ohio • Department of Building & Zoning Services
757 Carolyn Avenue, Columbus, Ohio 43224 • Phone: 614-645-7433 • Fax: 614-645-0882 • www.columbus.gov

**ALL FEES ARE NON-REFUNDABLE • Please type or print all information**

<table>
<thead>
<tr>
<th>Fire Alarm Devices</th>
<th>No. of Devices</th>
<th>Mechanical Devices</th>
<th>No. of Devices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Pull Stations</td>
<td></td>
<td>Smoke Control System</td>
<td></td>
</tr>
<tr>
<td>A/V Units</td>
<td></td>
<td>Duct Detectors</td>
<td></td>
</tr>
<tr>
<td>Smoke/ Heat Detectors</td>
<td></td>
<td>Smoke Dampers</td>
<td></td>
</tr>
<tr>
<td>Elevator Recall</td>
<td></td>
<td>Hood/Suppression Alarm</td>
<td></td>
</tr>
<tr>
<td>Electric Strikes</td>
<td></td>
<td>Clean Agent/ Suppression Alarm</td>
<td></td>
</tr>
<tr>
<td>Egress Control Devices</td>
<td></td>
<td>Other:</td>
<td></td>
</tr>
<tr>
<td>Hold Open Devices</td>
<td></td>
<td>Total:</td>
<td></td>
</tr>
<tr>
<td>Fire Shutter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprinkler Flow Alarm</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sprinkler Tamper Devices</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Property Owner of Record:

- **Name:**
- **Street Address:**
- **City, State, Zip:**
- **Telephone Number:**
- **Fax Number:**
- **E-Mail Address:**

If Payment will be made through a SOFT Account, please provide the following:

- **SOFT Account #/ PIN #**
- **SOFT Account Authorized Signature**
  - Applicant has the option to buy additional inspections at the time of permit issuance for $150 per inspection**

### Fire Alarm Permit Fees for Columbus Division of Fire:

- **Automatic Fire Alarm Systems:**
  - For 1-25 Devices: $150.00
  - For 25+ Devices: $175 + $1.60 per additional device over 25

- **Manual Fire Alarm Systems:**
  - For 1-30 Devices: $150.00
  - For 31+ Devices: $175 + $1.50 per additional device over 10

**NOTE:** When a combination fire alarm system (includes both automatic & manual initiating devices) is being installed, the Manual Alarm System Fee will be applied.

- **Retests of Failed Inspections: $100 per Trip**

- **One check can be presented with application for the combined Building Services and Division of Fire fees.**

**PLEASE NOTE:** Incomplete information will result in the rejection of this submittal.

For all questions regarding this form and fees please call: 614-645-6909

Please make checks payable the Columbus City Treasurer

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**App Rev. 10/11: Inc S Applications w/ New Dept Name/Date**

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Appendix B — Fire Department Alarm Permit Application

CITY OF COLUMBUS
Columbus Division of Fire
Fire Prevention Bureau
3639 Parsons Ave.
Columbus, OH 43207
614-645-8673
614-645-3004 FAX

FIRE ALARM / SUPPRESSION PERMIT APPLICATION

TYPE OR PRINT ALL INFORMATION

<table>
<thead>
<tr>
<th>Fire Alarm / Suppression Permit #</th>
<th>Check #</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title/Tenant’s Name</td>
<td>Telephone</td>
<td>( )</td>
</tr>
</tbody>
</table>

ADDRESS OF JOB

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
</table>

CONTRACTOR

<table>
<thead>
<tr>
<th>Contractor</th>
<th>Telephone</th>
<th>( )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Name</td>
<td>Fax</td>
<td>( )</td>
</tr>
<tr>
<td>Address</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

PROPERTY OWNER OF RECORD (If known)

<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FAX</td>
<td>( )</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate Number of Devices to be Installed or Altered:

<table>
<thead>
<tr>
<th>DETECTORS (Smoke/Heat)</th>
<th>ALARMS (Audible/Visual)</th>
<th>MANUAL PULL STATIONS</th>
<th>Other (Flow Sw./Door Hlds/Etc.)</th>
<th>TOTAL DEVICES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area Smoke</td>
<td>Duct Smoke</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Indicate Number of Devices to be Installed or Altered:

<table>
<thead>
<tr>
<th>Sprinkler Heads</th>
<th>Limited Area Sprinkler Heads</th>
<th>Standpipes</th>
<th>Independent Suppress Systems (Wet or Dry Chemical, Carbon Dioxide, Etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Specify Type:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td># of System</td>
</tr>
</tbody>
</table>

- PLEASE NOTE: 1 inspection per plans review fee! Each sequential inspection will be at a cost of $100.00
- CANCELLATIONS: You must notify the Fire Prevention Bureau Plans Review Section at 645-8673 prior to 8:00am (day of inspection) or a $100.00 fee will be assessed.
- SEE PLANS REVIEW FEE SCHEDULE FOR PRICING INFORMATION.

If you have any questions regarding this form, please call (614) 645-8673. Incomplete information may result in rejection of submittal.

4/07
Construction Industry Communication #24

From: Keith Wagenknecht, Chief Building Official
RE: Fire Protection System Document Submittals

Requirements: Section 105.3.1.4 of the 2011 Ohio Building Code requires Fire Protection System Construction Documents be submitted under the signature of an individual certified under Section 378.105 of the Ohio Revised Code or bear the seal and signature of the design professional who prepared the construction documents.

Evidence of Responsibility: In accordance with Section 106.3.4 of the 2011 Ohio Building Code, Documents shall indicate the sole person responsible for the design and preparation of the construction documents. Documents submitted will no longer be acceptable by submitting drawings from the design professional and the remainder of the documents from the certified fire alarm designer.

Memorandum: Fire Alarm and Fire Suppression System Construction documents must be submitted with either the signature of the certified fire alarm designer or documents sealed and signed by the design professional. City of Columbus will no longer accept documents that have been reproduced from the design professional without their knowledge and authorization.

Construction documents required by Section 907.2 to be submitted include:
- Locations of alarm-initiating and notification appliances
- Alarm control and trouble signaling equipment
- Power connection
- Supervisory system connection
- Battery calculations
- Conductor type and sizes
- Voltage drop calculations
- Manufacturers, model numbers and listing information for equipment, devices and materials (catalog cuts)
- Details of ceiling height and construction
- Interface of fire safety control functions (sequence of operation)
- Symbols legend
Licensed Fire Alarm contractors wishing to obtain rough inspections for their work prior to completion and submittal of required fire alarm shop drawings, catalog cuts, battery calculations etc., may submit design drawings prepared by a licensed design professional, showing the location of all fire alarm devices. Drawings and a fire alarm permit application must follow normal submittal process, meaning four (4) sets of the proposed work shall be submitted to Building Services, plus one (1) set and application for the Fire Prevention review. All customary fees are required to be paid up front. After plan review and approval by both departments has been obtained, the fire alarm permit will be issued and a rough inspection(s) for the work may be requested.

The fire alarm contractor shall submit completed documents for review and approval as required above. This submittal is a revision to the approved documents and the applicant shall pay the fee for revision in accordance with the fee schedule. Final approval of the fire alarm installation shall be based on the approved revised drawings including any changes required for full compliance for the fire alarm system as maybe noted or shown on the revised drawings.
Appendix D — CIC #3 Inspection Time

Construction Industry Communication # 03

From: Keith Wagenknecht, Chief Building Official

Re: LEAD TIME FOR JOINT INSPECTIONS – FIRE ALARM AND FIRE SUPPRESSION

Requirements: Ohio Building Code Section 109.5 Inspection Requests: It shall be the duty of the owner’s duly authorized agent to notify the building official when work is ready for inspection. Access to and means for inspection of such work shall be provided for any inspections that are required by this code.

Background: In an effort to minimize delays on the part of the contracting industry and possible removal of newly installed wall board, personnel from the Fire Prevention Bureau and the Building Services Division have held a series of meetings to coordinate the scheduling of their respective inspections. Acknowledging the fact that both the fire alarm and fire suppression systems must be inspected by both groups, a joint inspection with both parties present is the most efficient way to perform said inspections. Because the demand for these inspections is high and current personnel resources are limited, it becomes necessary to schedule these inspections with some lead-time involved. For this reason, the following policy has been put into effect.

Memorandum: Lead-time will allow both Fire and Building to check on the availability of inspectors, so that both inspectors can perform the inspection the same day. The following schedule will be used in scheduling inspections:

<table>
<thead>
<tr>
<th>TYPE OF INSPECTION</th>
<th>ROUGH</th>
<th>FINAL</th>
<th>LEAD TIME DAY(S)*</th>
<th>INSPECTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fire Alarm</td>
<td>X</td>
<td></td>
<td>4 PM DAY BEFORE</td>
<td>Electric</td>
</tr>
<tr>
<td>Fire Alarm Witness</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>Structural / Fire</td>
</tr>
<tr>
<td>F S Hydrostatic 200 psi 2 hrs</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>Structural / Fire</td>
</tr>
<tr>
<td>F S Hydrostatic Working Pressure</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>Structural / Fire</td>
</tr>
<tr>
<td>F S Hydrostatic air @ 40 psi 24 hrs</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>Structural / Fire @ start / Fire @ end</td>
</tr>
<tr>
<td>Fire Suppression</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>Structural / Fire</td>
</tr>
<tr>
<td>Fire Suppression - Limited Area</td>
<td>X</td>
<td>X</td>
<td>4 PM DAY BEFORE</td>
<td>Structural</td>
</tr>
<tr>
<td>Smoke Control System</td>
<td>X</td>
<td></td>
<td>4 PM DAY BEFORE</td>
<td>HVAC</td>
</tr>
<tr>
<td>Smoke Control System Witness</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
</tr>
<tr>
<td>Smoke Duct Detectors</td>
<td>X</td>
<td></td>
<td>4 PM DAY BEFORE</td>
<td>HVAC</td>
</tr>
<tr>
<td>Smoke Duct Detectors Witness</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
</tr>
<tr>
<td>Smoke Dampers</td>
<td>X</td>
<td></td>
<td>4 PM DAY BEFORE</td>
<td>HVAC</td>
</tr>
<tr>
<td>Smoke Dampers Witness</td>
<td>X</td>
<td></td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
</tr>
<tr>
<td>Wet Chemical Suppression</td>
<td>X</td>
<td></td>
<td>4 PM DAY BEFORE</td>
<td>HVAC</td>
</tr>
<tr>
<td>Wet Chemical Suppression Witness</td>
<td>X</td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
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</tr>
<tr>
<td>---------------------------------</td>
<td>---</td>
<td>---------------</td>
<td>-------------</td>
<td></td>
</tr>
<tr>
<td>Clean Agent Suppression</td>
<td>X</td>
<td>4 PM DAY BEFORE</td>
<td>HVAC</td>
<td></td>
</tr>
<tr>
<td>Clean Agent Suppression Witness</td>
<td>X</td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
<td></td>
</tr>
<tr>
<td>Dry Chemical, Foam, Carbon Dioxide Systems</td>
<td>X</td>
<td>4 PM DAY BEFORE</td>
<td>HVAC</td>
<td></td>
</tr>
<tr>
<td>Dry Chemical, Foam, Carbon Dioxide Systems Witness</td>
<td>X</td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
<td></td>
</tr>
<tr>
<td>Fire Alarm Witness for Mechanical Systems</td>
<td>X</td>
<td>10 AM, 2 Days</td>
<td>HVAC / Fire</td>
<td></td>
</tr>
<tr>
<td>Emergency Generator</td>
<td>X</td>
<td>4 PM, 2-3 DAYS</td>
<td>Electric (Time test)</td>
<td></td>
</tr>
<tr>
<td>Fire Pump</td>
<td>X</td>
<td>10 AM, 2 Days</td>
<td>Fire / Electric</td>
<td></td>
</tr>
</tbody>
</table>

* Please be advised that due to scheduling and the availability of city inspectors, additional time may be required scheduling your inspection. If your inspection is critical, please submit your request for inspection at least three (3) days prior to the date needed.
## FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM RECORD OF COMPLETION

To be completed by the system installation contractor at the time of system acceptance and approval. It shall be permitted to modify this form as needed to provide a more complete and/or clear record. Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

### 1. PROPERTY INFORMATION

Name of property: 
Address: 
Description of property: 
Occupancy type: 
Name of property representative: 
Address: 
Phone: 
Fax: 
E-mail: 
Authority having jurisdiction over this property: 
Phone: 
Fax: 
E-mail: 

### 2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Installation contractor for this equipment: 
Address: 
License or certification number: 
Phone: 
Fax: 
E-mail: 
Service organization for this equipment: 
Address: 
License or certification number: 
Phone: 
Fax: 
E-mail: 
A contract for test and inspection in accordance with NFPA standards is in effect as of: 
Contracted testing company: 
Address: 
Phone: 
Fax: 
E-mail: 
Contract expires: 
Contract number: 
Frequency of routine inspections: 

### 3. DESCRIPTION OF SYSTEM OR SERVICE

- [ ] Fire alarm system (nonvoice)
- [ ] Fire alarm with in-building fire emergency voice alarm communication system (EVACS)
- [ ] Mass notification system (MNS)
- [ ] Combination system, with the following components: 
  - [ ] Fire alarm 
  - [ ] EVACS 
  - [ ] MNS 
  - [ ] Two-way, in-building, emergency communication system 
- [ ] Other (specify): [ ]

*NFPA 72, Fig. 10.18.2.1.1 (p. 1 of 12)*
### 3. DESCRIPTION OF SYSTEM OR SERVICE (continued)

**NFPA 72 edition:** Additional description of system(s):

#### 3.1 Control Unit

- Manufacturer: 
- Model number: 

#### 3.2 Mass Notification System

- **☐** This system does not incorporate an MNS

##### 3.2.1 System Type:

- **☐** In-building MNS—combination
- **☐** In-building MNS—stand-alone  
  - **☐** Wide-area MNS  
  - **☐** Distributed recipient MNS
- **☐** Other (specify):

##### 3.2.2 System Features:

- **☐** Combination fire alarm/MNS
- **☐** MNS autonomous control unit
- **☐** Wide-area MNS to regional national alerting interface
- **☐** Local operating console (LOC)
- **☐** Direct recipient MNS (DRMNS)
- **☐** Wide-area MNS to DRMNS interface
- **☐** Wide-area MNS to high-power speaker array (HPSA) interface
- **☐** In-building MNS to wide-area MNS interface
- **☐** Other (specify):

#### 3.3 System Documentation

- **☐** An owner’s manual, a copy of the manufacturer’s instructions, a written sequence of operation, and a copy of
  - the numbered record drawings are stored on site.  
  - Location:

#### 3.4 System Software

- **☐** This system does not have alterable site-specific software.

- Operating system (executive) software revision level: 
- Site-specific software revision date: 
- Revision completed by: 

- **☐** A copy of the site-specific software is stored on site.  
  - Location:

#### 3.5 Off-Premises Signal Transmission

- **☐** This system does not have off-premises transmission.

- Name of organization receiving alarm signals with phone numbers:
  - Alarm:  
    - Phone:
  - Supervisory:  
    - Phone:
  - Trouble:  
    - Phone:

- Entity to which alarms are retransmitted:  
  - Phone:

- Method of retransmission: 

If Chapter 26, specify the means of transmission from the protected premises to the supervising station:

If Chapter 27, specify the type of auxiliary alarm system:  
- **☐** Local energy  
- **☐** Shunt  
- **☐** Wired  
- **☐** Wireless

---

*NFPA 72, Fig. 10.18.2.1.1 (p. 2 of 12)*

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4. CIRCUITS AND PATHWAYS

4.1 Signaling Line Pathways

4.1.1 Pathways Class Designations and Survivability
Pathways class: Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.1.2 Pathways Utilizing Two or More Media
Quantity: Description:

4.1.3 Device Power Pathways
☐ No separate power pathways from the signaling line pathway
☐ Power pathways are separate but of the same pathway classification as the signaling line pathway
☐ Power pathways are separate and different classification from the signaling line pathway

4.1.4 Isolation Modules
Quantity:

4.2 Alarm Initiating Device Pathways

4.2.1 Pathways Class Designations and Survivability
Pathways class: Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.2.2 Pathways Utilizing Two or More Media
Quantity: Description:

4.2.3 Device Power Pathways
☐ No separate power pathways from the initiating device pathway
☐ Power pathways are separate but of the same pathway classification as the initiating device pathway
☐ Power pathways are separate and different classification from the initiating device pathway

4.3 Non-Voice Audible System Pathways

4.3.1 Pathways Class Designations and Survivability
Pathways class: Survivability level: Quantity:
(See NFPA 72, Sections 12.3 and 12.4)

4.3.2 Pathways Utilizing Two or More Media
Quantity: Description:

4.3.3 Appliance Power Pathways
☐ No separate power pathways from the notification appliance pathway
☐ Power pathways are separate but of the same pathway classification as the notification appliance pathway
☐ Power pathways are separate and different classification from the notification appliance pathway

NFPA 72, Fig. 10.18.2.1.1 (p. 3 of 12)
### 5. ALARM INITIATING DEVICES

#### 5.1 Manual Initiating Devices

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Addressable</th>
<th>Conventional</th>
<th>Coded</th>
<th>Transmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Manual Fire Alarm Boxes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and number of devices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 5.2 Automatic Initiating Devices

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Addressable</th>
<th>Conventional</th>
<th>Coded</th>
<th>Transmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smoke Detectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and number of devices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Addressable</th>
<th>Conventional</th>
<th>Coded</th>
<th>Transmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duct Smoke Detectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and number of devices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Addressable</th>
<th>Conventional</th>
<th>Coded</th>
<th>Transmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Radiant Energy (Flame) Detectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and number of devices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (specify):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Addressable</th>
<th>Conventional</th>
<th>Coded</th>
<th>Transmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gas Detectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of detector(s):</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of devices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of coverage:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Device Type</th>
<th>Addressable</th>
<th>Conventional</th>
<th>Coded</th>
<th>Transmitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heat Detectors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type and number of devices:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of coverage:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

*NFPA 72, Fig. 10.18.2.1.1 (p. 4 of 12)*
5. ALARM INITIATING DEVICES (continued)

5.2.6 Addressable Monitoring Modules
Number of devices: ________________________________
☐ This system does not have monitoring modules.

5.2.7 Waterflow Alarm Devices
Type and number of devices: Addressable: _______ Conventional: _______ Coded: _______ Transmitter: _______
☐ This system does not have workflow alarm devices.

5.2.8 Alarm Verification
Number of devices subject to alarm verification: ________________________________
Alarm verification set for ______ seconds
☐ This system does not incorporate alarm verification.

5.2.9 Presignal
Number of devices subject to presignal: ________________________________
Describe presignal functions: ____________________________________________
☐ This system does not incorporate pre-signal.

5.2.10 Positive Alarm Sequence (PAS)
Describe PAS: ___________________________________________________________
☐ This system does not incorporate PAS.

5.2.11 Other Initiating Devices
Describe: ______________________________________________________________
☐ This system does not have other initiating devices.

6. SUPERVISORY SIGNAL-INITIATING DEVICES

6.1 Sprinkler System Supervisory Devices
Type and number of devices: Addressable: _______ Conventional: _______ Coded: _______ Transmitter: _______
Other (specify): _______________________________________________________
☐ This system does not have sprinkler supervisory devices.

6.2 Fire Pump Description and Supervisory Devices
Type fire pump: ☐ Electric pump ☐ Engine
Type and number of devices: Addressable: _______ Conventional: _______ Coded: _______ Transmitter: _______
Other (specify): ______________________________________________________
☐ This system does not have a fire pump.

6.2.1 Fire Pump Functions Supervised
☐ Power ☐ Running ☐ Phase reversal ☐ Selector switch not in auto ☐ Engine or control panel trouble ☐ Low fuel
Other (specify): _______________________________________________________

6.3 Duct Smoke Detectors (DSDs)
Type and number of devices: Addressable: _______ Conventional: _______
Other (specify): ______________________________________________________
☐ This system does not have DSDs causing supervisory signals.

6.4 Other Supervisory Devices
Describe: _____________________________________________________________
☐ This system does not have other supervisory devices.

NFPA 72, Fig. 10.18.2.1.1 (p. 5 of 12)

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### Appendix E — NFPA Record of Completion (page 6)

#### 7. MONITORED SYSTEMS

<table>
<thead>
<tr>
<th>7.1 Engine-Driven Generator</th>
<th>☐ This system does not have a generator.</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1.1 Generator Functions Supervised</td>
<td></td>
</tr>
<tr>
<td>☐ Engine or control panel trouble</td>
<td>☐ Generator running</td>
</tr>
<tr>
<td>☐ Other (specify):</td>
<td></td>
</tr>
<tr>
<td>7.2 Special Hazard Suppression Systems</td>
<td>☐ This system does not monitor special hazard systems.</td>
</tr>
<tr>
<td>Description of special hazard system(s):</td>
<td></td>
</tr>
<tr>
<td>7.3 Other Monitoring Systems</td>
<td>☐ This system does not monitor other systems.</td>
</tr>
<tr>
<td>Description of special hazard system(s):</td>
<td></td>
</tr>
</tbody>
</table>

#### 8. ANNUNCIATORS

<table>
<thead>
<tr>
<th>8.1 Location and Description of Annunciators</th>
<th>☐ This system does not have annunciators.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location 1:</td>
<td></td>
</tr>
<tr>
<td>Location 2:</td>
<td></td>
</tr>
<tr>
<td>Location 3:</td>
<td></td>
</tr>
</tbody>
</table>

#### 9. ALARM NOTIFICATION APPLIANCES

<table>
<thead>
<tr>
<th>9.1 In-Building Fire Emergency Voice Alarm Communication System</th>
<th>☐ This system does not have an EVACS.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of single voice alarm channels: 30</td>
<td>Number of multiple voice alarm channels:</td>
</tr>
<tr>
<td>Number of speakers:</td>
<td>Number of speaker circuits:</td>
</tr>
<tr>
<td>Location of amplification and sound-processing equipment:</td>
<td></td>
</tr>
<tr>
<td>Location of paging microphone stations:</td>
<td></td>
</tr>
<tr>
<td>Location 1:</td>
<td></td>
</tr>
<tr>
<td>Location 2:</td>
<td></td>
</tr>
<tr>
<td>Location 3:</td>
<td></td>
</tr>
<tr>
<td>9.2 Nonvoice Notification Appliances</td>
<td>☐ This system does not have nonvoice notification appliances.</td>
</tr>
<tr>
<td>Horns:</td>
<td>With visible:</td>
</tr>
<tr>
<td>Chimes:</td>
<td>With visible:</td>
</tr>
<tr>
<td>Visible only:</td>
<td>Other (describe):</td>
</tr>
<tr>
<td>9.3 Notification Appliance Power Extender Panels</td>
<td>☐ This system does not have power extender panels.</td>
</tr>
<tr>
<td>Quantity:</td>
<td></td>
</tr>
<tr>
<td>Locations:</td>
<td></td>
</tr>
</tbody>
</table>

*NFPA 72, Fig. 10.18.2.1.1 (p. 6 of 12)*

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Appendix E — NFPA Record of Completion (page 7)

10. MASS NOTIFICATION CONTROLS, APPLIANCES, AND CIRCUITS

□ This system does not have an MNS.

10.1 MNS Local Operating Consoles
Location 1: 
Location 2: 
Location 3: 

10.2 High-Power Speaker Arrays
Number of HPSA speaker initiation zones:
Location 1: 
Location 2: 
Location 3: 

10.3 Mass Notification Devices
Combination fire alarm/MNS visible appliances: MNS-only visible appliances:
Textual signs: Other (describe):
Supervision class:

10.3.1 Special Hazard Notification
□ This system does not have special suppression predischARGE notification.
□ MNS systems DO NOT override notification appliances required to provide special suppression predischARGE notification.

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

□ This system does not have a two-way telephone system.

11.1 Telephone System
Number of telephone jacks installed: 
Number of warden stations installed:
Number of telephone handsets stored on site:
Type of telephone system installed: □ Electrically powered □ Sound powered

11.2 Two-Way Radio Communications Enhancement System
□ This system does not have a two-way radio communications enhancement system.
Percentage of area covered by two-way radio service: Critical areas: % General building areas: %
Amplification component locations:
Inbound signal strength: dBm Outbound signal strength: dBm
Donor antenna isolation is: dB above the signal booster gain
Radio frequencies covered:
Radio system monitor panel location:

NFPA 72, Fig. 10.18.2.1.1 (p. 7 of 12)
Appendix E — NFPA Record of Completion (page 8)

11. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS (continued)

11.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems
☐ This system does not have an area of refuge (area of rescue assistance) emergency communications system.
Number of stations: Location of central control point:
Days and hours when central control point is attended:
Location of alternate control point:
Days and hours when alternate control point is attended:

11.4 Elevator Emergency Communications Systems
☐ This system does not have an elevator emergency communications system.
Number of elevators with stations: Location of central control point:
Days and hours when central control point is attended:
Location of alternate control point:
Days and hours when alternate control point is attended:

11.5 Other Two-Way Communication Systems
Describe:

12. CONTROL FUNCTIONS
This system activates the following control functions:
☐ Hold-open door releasing devices    ☐ Smoke management    ☐ HVAC shutdown    ☐ F/S dampers
☐ Door unlocking    ☐ Elevator recall    ☐ Fuel source shutdown    ☐ Extinguishing agent release
☐ Elevator shunt trip    ☐ Mass notification system override of fire alarm notification appliances
Other (specify):

12.1 Addressable Control Modules
☐ This system does not have control modules.
Number of devices:
Other (specify):

13. SYSTEM POWER

13.1 Control Unit

13.1.1 Primary Power
Input voltage of control panel: Control panel amps:
Overcurrent protection: Type: Amps:
Location (of primary supply panel board):
Disconnecting means location:

13.1.2 Engine-Driven Generator
☐ This system does not have a generator.
Location of generator:
Location of fuel storage: Type of fuel:
Appendix E — NFPA Record of Completion (page 9)

13. SYSTEM POWER (continued)

13.1.3 Uninterruptible Power System

☐ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): ____________________ In alarm mode (minutes): ____________________

13.1.4 Batteries

Location: ____________________ Type: ____________________ Nominal voltage: ____________________ Amp/hour rating: ____________________

Calculated capacity of batteries to drive the system:

In standby mode (hours): ____________________ In alarm mode (minutes): ____________________

☐ Batteries are marked with date of manufacture  ☐ Battery calculations are attached

13.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

☐ This system does not have an EVACS or MNS system.

13.2.1 Primary Power

Input voltage of EVACS or MNS panel: ____________________ EVACS or MNS panel amps: ____________________

Overcurrent protection: Type: ____________________ Amps: ____________________

Location (of primary supply panel board):

Disconnecting means location:

13.2.2 Engine-Driven Generator

☐ This system does not have a generator.

Location of generator:

Location of fuel storage: ____________________ Type of fuel: ____________________

13.2.3 Uninterruptible Power System

☐ This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): ____________________ In alarm mode (minutes): ____________________

13.2.4 Batteries

Location: ____________________ Type: ____________________ Nominal voltage: ____________________ Amp/hour rating: ____________________

Calculated capacity of batteries to drive the system:

In standby mode (hours): ____________________ In alarm mode (minutes): ____________________

☐ Batteries are marked with date of manufacture  ☐ Battery calculations are attached

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### 13. SYSTEM POWER (continued)

#### 13.3 Notification Appliance Power Extender Panels
- [ ] This system does not have power extender panels.

#### 13.3.1 Primary Power
- Input voltage of power extender panel(s): 
- Power extender panel amps: 
- Overcurrent protection: Type: 
- Amps: 
- Location (of primary supply panel board): 
- Disconnecting means location: 

#### 13.3.2 Engine-Driven Generator
- [ ] This system does not have a generator.
- Location of generator: 
- Location of fuel storage: 
- Type of fuel: 

#### 13.3.3 Uninterruptible Power System
- [ ] This system does not have a UPS.
- Equipment powered by a UPS system: 
- Location of UPS system: 
- Calculated capacity of UPS batteries to drive the system components connected to it: 
- In standby mode (hours): 
- In alarm mode (minutes): 

#### 13.3.4 Batteries
- Location: 
- Type: 
- Nominal voltage: 
- Amp/hour rating: 
- Calculated capacity of batteries to drive the system: 
- In standby mode (hours): 
- In alarm mode (minutes): 
- [ ] Batteries are marked with date of manufacture 
- [ ] Battery calculations are attached

### 14. RECORD OF SYSTEM INSTALLATION

*Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.*

- This is a: [ ] New system  [ ] Modification to an existing system  Permit number: 
- The system has been installed in accordance with the following requirements: (Note any or all that apply.)
  - [ ] NFPA 72, Edition: 
  - [ ] NFPA 70, National Electrical Code, Article 760, Edition: 
  - [ ] Manufacturer’s published instructions
  - Other (specify): 
- System deviations from referenced NFPA standards:

<table>
<thead>
<tr>
<th>Signed:</th>
<th>Printed name:</th>
<th>Date:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Organization:</th>
<th>Title:</th>
<th>Phone:</th>
</tr>
</thead>
</table>

*NFPA 72, Fig. 10.18.2.1.1 (p. 10 of 12)*
15. RECORD OF SYSTEM OPERATIONAL ACCEPTANCE TEST

☐ New system

All operational features and functions of this system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements for the following:

☐ Modifications to an existing system

All newly modified operational features and functions of the system were tested by, or in the presence of, the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of the following:

☐ NFPA 72, Edition: ____________________________

☐ NFPA 70, National Electrical Code, Article 760, Edition: ____________________________

☐ Manufacturer’s published instructions

Other (specify): ____________________________

☐ Individual device testing documentation [Inspection and Testing Form (Figure 14.6.2.4) is attached]

Signed: ____________________________ Printed name: ____________________________ Date: ____________________________

Organization: ____________________________ Title: ____________________________ Phone: ____________________________

16. CERTIFICATIONS AND APPROVALS

16.1 System Installation Contractor:

This system, as specified herein, has been installed and tested according to all NFPA standards cited herein.

Signed: ____________________________ Printed name: ____________________________ Date: ____________________________

Organization: ____________________________ Title: ____________________________ Phone: ____________________________

16.2 System Service Contractor:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: ____________________________ Printed name: ____________________________ Date: ____________________________

Organization: ____________________________ Title: ____________________________ Phone: ____________________________

16.3 Supervising Station:

This system, as specified herein, will be monitored according to all NFPA standards cited herein.

Signed: ____________________________ Printed name: ____________________________ Date: ____________________________

Organization: ____________________________ Title: ____________________________ Phone: ____________________________

NFPA 72, Fig. 10.18.2.1.1 (p. 11 of 12)
16. CERTIFICATIONS AND APPROVALS (continued)

16.4 Property or Owner Representative:
I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein.

Signed: __________________________ Printed name: __________________________ Date: _____________
Organization: ________________ Title: __________________________ Phone: _____________

16.5 Authority Having Jurisdiction:
I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, with its approved sequence of operations, and with all NFPA standards cited herein.

Signed: __________________________ Printed name: __________________________ Date: _____________
Organization: ________________ Title: __________________________ Phone: _____________
**Appendix F — Sample Building Permit**

![Sample Building Permit Image]

**CONTRACTOR INFORMATION**

**OWNER OF RECORD**

---

**ADDRESS AND PROJECT INFORMATION**

**WORK DESCRIPTION**

---

**FOOTER EXCAVATION INSPECTOR:**

**ELECTRIC INSPECT/DATE UG:**

**GAS: PRESSURE TEST INSPECTOR:**

**PLBG INSPECT/DATE UG:**

**DOMESTIC WATER CALL: 645-5850**

---

***** INSPECTION TYPE *****

**DATE**

**ROUGH**

**INSPECTOR**

**DATE**

**FINAL**

**INSPECTOR**

---

**INTERIOR DRAINAGE: 1, 2, 3 FAMILY**

**FOUNDATION: 645-8235**

**ELECTRIC: 645-8265**

**FIRE ALARM: 645-8265**

**PLUMBING: 645-8315**

**HEATING—A/C—ECS: 645-4118**

**STEAM & HOT WATER: 645-8318**

**VENTILATION: 645-8138**

**PRODUCT REFRIGERATION: 645-8138**

**FIREPLACE: pre-65/645-8138 main/6225**

**GAS PIPING: 645-8138**

**FIRE RATED ASSEMBLY: 645-8225**

**FIRE SUPPRESSION/ FAX: 645-8338**

**SLAB INSULATION: 645-8235**

**FRAMING: 645-8235**

**INSULATION (WALLS, CLGS, ETC): 645-8235**

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**ELECTRICAL INSPECTOR SIGNATURE**

**STRUCTURAL INSPECTOR SIGNATURE**

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## Appendix G — Fire Protection Inspection Form

### Fire Protection Inspection Request Form

**City of Columbus**

**Department of Building & Zoning Services**

**FIRE PROTECTION INSPECTION REQUEST FORM**

**FAX # 614-645-8358**

**CANCELLATION # 614-645-7847**

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**Jobsite Address**

**DATE REQUESTED**

**CONFIRMED DATE / TIME**

- [ ] FIRE ALARM WITNESS TEST
- [ ] FIRE SUPPRESSION HYDROSTATIC TEST
- [ ] HVAC SYSTEM TEST
- [ ] ELECTRICAL SYSTEM TEST
- [ ] ROUGH SUPPRESSION
- [ ] REPAIR/REPLACEMENT
- [ ] FINAL SUPPRESSION

**Regular Business Hours**

**After Regular Business Hours**

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**Permit Number**

**FIRE ALARM #**

**FIRE SUPPRESSION #**

**Contractor Information**

**Contact Person**

**Contact Phone Number**

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<th>#</th>
<th>Fire Alarm Devices</th>
<th>#</th>
<th>HVAC Devices</th>
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<td>Smoke Dampers</td>
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**Comments:**

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**FIRE PROTECTION COMPANY NAME**

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<td>F/S INSTALLER SIGNATURE</td>
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**FP INSPECTION REQUEST FORM**

4/6/2012

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