

DEPARTMENT OF LICENSES AND INSPECTIONS
INSTRUCTIONS FOR THE JANUARY 2003
FIRE ALARM SYSTEM CERTIFICATE OF INSPECTION FORM

The Philadelphia Fire Code Advisory Committee developed a new Certificate of Inspection form for fire alarm systems. The committee consists of representatives of the fire protection industry, the Fire Department and representatives of the units of the Department of Licenses and Inspections that have responsibility for enforcement of the Fire Code.

The form consists of four pages and is to be used for all certifications submitted after December 31, 2002. The first is a cover page that presents a summary of the findings to the reviewing person or agency. The form is intended to be self explanatory, but a few directions follow.

PAGE 1 OF 4 — COVER SHEET

- The “Date Of Submission” is the date that the certification is submitted to the Department of Licenses and Inspections.
- The “Property Name” is a name commonly used by the inspected building such as “*City Hall*.”
- The “Property Address” is to include the house number, direction and street name plus the zip code of the inspected property, such as “*2345 East Main Street – 19100*.” It is not necessary to include “Philadelphia, PA” in the address.
- The next blank is to be completed with the date that the certification inspection was completed.
- The “Section Summary” is just as the name implies. If there were any items that required explanation in the applicable section on pages 2 and 3, the “No” box should be checked for that section on the cover page, and the comment page(s) must explain or describe the conditions that do not meet the applicable code and/or standard.
- The “Type of Fire Alarm Control Panel” blank should be completed with the make and model of the fire alarm control panel. If more than one panel exists and more space is needed, use the comment section to complete the answer.
- Indicate if the fire alarm system is “Existing” or “New.” If the system is a new installation, list the Electrical Permit Number under which the system was installed.
- Next, check whether the system was free of deficiencies and was certified or whether there were deficiencies that prevent certification.
- In the “Certified By” section, the responsible Electrical Contractor or Fire Alarm System Inspector will print and sign their name on the first and second lines respectively, and include their license number on the last blank.
- The box in the lower right of the cover sheet is to be embossed with the impression seal of the company that performed the certification. If a company has already obtained a special seal with the license number of the Fire Alarm Systems Inspector, that seal is preferred. The impression seal is required to be used on all paper copies submitted to the Department of Licenses and Inspections and the owner after December 31, 2002. The purpose of the seal is primarily for the protection of the certifier with the intent of preventing fraudulent copies from being presented in court or other official proceedings. It is advisable that the seal be used on any paper copies of the certification issued by the certifying contractor for their own protection.

PAGES 2 AND 3

- At the top of page 2, the inspecting and certifying contractor must provide their name and complete address including house number, direction, street, city, state and zip code in the first box. Post Office Boxes are not acceptable. The box at the end of the first line is to contain the license number of the inspecting and certifying person.
- The second line contains the address of the inspected property as at the top of the cover sheet, followed by the date that the certification inspection was completed.
- The third line contains the name and complete address of the responsible owner or occupant. The address must include the house number, direction, street, city, state, and zip code of this responsible party. Again, no Post Office Boxes are acceptable.
- Below the third line of boxes at the top of page 2, are blanks where the certifier is to fill in the Fire Department Operator number of the person at the Fire Department who received the calls from the certifier. The first call is required to notify the Fire Department that the fire alarm system is to be taken out of service and the second call is placed when the system is returned to service.
- Section A contains seven questions that must be answered by the owner or owner's representative. Note that Questions #2, #5 and #6 must be explained if the response is "Yes." The responding owner or representative's name and signature are required below the seven questions.
- Items #8 through #49 are to be answered by the certifier with the general rule that "No" answers must be explained in the comment section, unless noted otherwise. In the few cases where an item might not be applicable, the "No" box should be checked and the reason must be stated in the comment section. These items are consecutively numbered starting with Section A through Section F to avoid any confusion in the comment section.
- Section D contains an audibility record to be completed in accordance with instructions on the form. If additional space is necessary, attach an addendum using the format in the form.
- When responding to Section E regarding waterflow alarm requirements, it is the intent of the certification process that the fire alarm inspector confirms the electrical signal from the water flow device to the panel and confirms its electrical supervision. It is not required for the alarm inspector to flow water. The fire suppression certification inspection will include water flow.
- Section F is to be completed only if the system contains a voice evacuation system. If the answer to Item #41 is "No," skip items #42 through #49.
- The bottom of page 3 contains space for the name and signature of the individual that actually performed the inspection, followed by the signature of the certifier whose name appears on the cover sheet. The date of the certifier's signature is the last box on page 3.

PAGE 4

- Page 4 is provided for comments. If more space is needed, attach additional sheets. Be sure to precede each comment with the appropriate item number.

DATE OF SUBMISSION _____

TO: Department of Licenses and Inspections
 Commercial and Industrial Fire Inspection Unit
 990 Spring Garden Street, 3rd Floor, Philadelphia, PA 19123

**FIRE ALARM INSPECTION AND
 CERTIFICATION COVER SHEET**

RE: Property Name: _____

Property Address: _____

We certify that we have tested and examined the following elements of the Fire Alarm System(s) at the above referenced location, and left them in service as of: _____ .
 (Insert Date)

Please fill out the following information completely. Use the comments section for explanations.

SECTION SUMMARY	YES	NO
Section B — CONTROL EQUIPMENT Summary: Were all elements of the control equipment tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? (If NO, explain)		
Section C — INITIATING DEVICES Summary: Were all initiating devices tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? (If NO, explain)		
Section D — AUDIBLE / VISIBLE DEVICES Summary: Were all audible/visible devices tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? (If NO, explain)		
Section E — ELECTRICAL Summary: Were all electrical elements of the fire alarm system that could practically be tested (including those listed above) tested and installed in accordance with the Philadelphia Fire Code? (If NO, explain)		
Section F — VOICE EVACUATION SYSTEM Summary (If Applicable): Were all elements of the voice evacuation system tested and found to be in working order and installed in accordance with the Philadelphia Fire Code? (If NO, explain)		

Type of Fire Alarm Control Panel: _____

System is: Existing _____ OR New _____ If new, provide Electrical Permit Number: _____

The test(s) was/were conducted in accordance with requirements of the applicable National Fire Protection Association (NFPA) standards and in accordance with the requirements of the Philadelphia Fire Code.

_____ The results of the test(s) indicate that no elements of the system(s) were found to be defective on this date.

_____ The results of the test(s) indicate that certain elements of the system(s) were found to be defective on this date and the system(s) could not be certified.

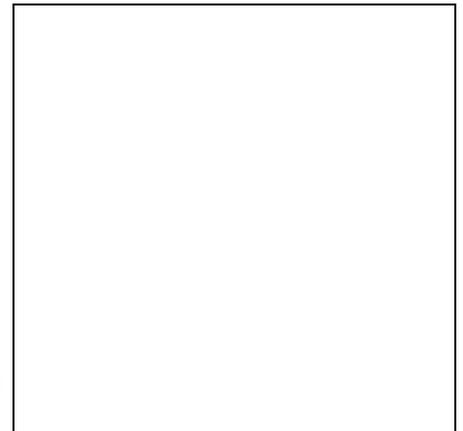
CERTIFIED BY:

 Electrical Contractor or Fire Alarm System Inspector's Name (Printed)

 Electrical Contractor or Fire Alarm System Inspector's Signature

 Electrical Contractor or Fire Alarm System Inspector's License Number

PLACE THE COMPANY IMPRESSION
 SEAL IN THE BOX TO THE RIGHT



**CITY OF PHILADELPHIA — DEPARTMENT OF LICENSES AND INSPECTIONS
 CERTIFICATE OF INSPECTION
 FIRE ALARM SYSTEMS**

(ALL TESTS SHALL BE IN ACCORDANCE WITH THE PHILADELPHIA FIRE CODE AND NFPA 72 SECTION 7-2)

TESTING CONTRACTOR <i>(Name & Full Address)</i>	FIRE ALARM SYSTEMS INSPECTOR OR ELECTRICAL CONTRACTOR LICENSE NO.
LOCATION OF TEST <i>(House Number & Street)</i>	DATE OF TEST
OWNER / OCCUPANT <i>(Name & Full Address)</i>	

CALL THE FIRE DEPARTMENT AT 215-922-6000 BEFORE TESTS — OUT OF SERVICE OPERATOR # _____ IN SERVICE OPERATOR # _____

**IN ALL SECTIONS BELOW: Y = YES, N = NO (EXPLAIN ALL "NO" ANSWERS EXCEPT AS NOTED)
 IN THE FEW CASES WHERE AN ITEM MAY NOT BE APPLICABLE, CHECK "NO" AND EXPLAIN IN THE COMMENTS**

A. OWNER'S SECTION

	Y	N		Y	N
1. Is the building occupied?			5. Have there been any modifications to the system since the last certification? <i>(If Yes, explain)</i>		
2. Has the building occupancy or hazard or floor layout changed since the last inspection? <i>(If yes, explain)</i>			6. Was there any action of alarm since the last certification? <i>(If Yes, explain)</i>		
3. Are all systems kept in service?			7. Does this certification cover all fire alarm systems in the building?		
4. Are the test results kept on file?					
OWNER/OWNERS REPRESENTATIVE NAME <i>(PRINT)</i> :					
OWNER/OWNERS REPRESENTATIVE SIGNATURE:					

B. CONTROL EQUIPMENT

	Y	N		Y	N
8. Was the fire alarm Control Panel in an accessible location? (In main entrance or unlocked room)			13. Were audible and visible trouble and alarm signals in the Control Panel tested satisfactorily?		
9. Was the battery charging circuit in the Control Panel operating correctly and at the proper voltage?			14. Were trouble signal silence switches and alarm silence switches in the Control Panel tested satisfactorily?		
10. Was Ground Fault Monitoring tested satisfactorily?			15. Was the off-premises transmission test satisfactory?		
11. Was the test of lamps and LED's in the Control Panel satisfactory?			16. Did the remote annunciator test satisfactory?		
12. Was the test of interface equipment satisfactory?			17. Was the Control Panel supervision test acceptable?		

C. INITIATING DEVICES

	Y	N		Y	N
18. Were signs mounted at each pull station stating "IN CASE OF FIRE: SOUND ALARM AND CALL 911" or "...THE FIRE DEPARTMENT"?			23. Were non-restorable heat detectors inspected and in satisfactory condition?		
19. Were the manual fire alarm box tests acceptable?			24. Were restorable heat detector tests acceptable?		
20. Were the smoke detector inspection/tests acceptable?			25. Were the alarm verification tests satisfactory?		
21. Were the smoke detector thermal elements tests acceptable?			26. Were the sensitivity tests satisfactory?		
22. Were the smoke detector control output tests acceptable?			27. Were the duct smoke detector tests acceptable?		

D. AUDIBLE / VISIBLE DEVICES

	Y	N		Y	N
28. Were the ambient sound levels tested with the normal ambient noises present (HVAC, etc.) and recorded below?			31. Did sound levels reach the minimum requirement of 70dBA or 15 dBA above ambient (whichever is greater) in all sleeping rooms with the sleeping room door closed?		
29. Were alarm sound levels tested and recorded below?					
30. Were visible alarms tested and operating properly?				32. Was the sound testing device set for dBA and slow response?	

AUDIBILITY RECORD: (Describe in detail the locations tested and the results in boxes below - use additional sheets if necessary.)
 Audibility Readings must be taken in at least one unit per floor AND at least one reading for each style unit in the building.

LOCATION TESTED (Fill in exact location next to description; i.e. Unit D-10 etc.)	FLOOR	AMBIENT LEVEL (dBA)	ALARM LEVEL (dBA)
COMMON AREA LOCATION:			
COMMON AREA LOCATION:			
COMMON AREA LOCATION:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
SLEEPING AREA OF APARTMENT:			
OTHER:			

E. ELECTRICAL

	Y	N		Y	N
33. Was the fire alarm system power connected to a dedicated branch circuit of the house panel?			37. Was the test of the secondary power source (e.g. batteries) satisfactory?		
34. Was the fire alarm system power disconnect for the dedicated branch circuit locked in the "On" position?			38. Was the system tested using the secondary power source?		
35. Was the fire alarm system power disconnect location clearly identified in writing at or on the control panel?			39. Were the waterflow alarm devices connected to the fire alarm system?		
36. Was the test of the primary power source satisfactory?			40. Were the supervisory control valves connected to the fire alarm system?		

F. VOICE EVACUATION SYSTEM (IF APPLICABLE)

	Y	N		Y	N
41. Is this section applicable to the system being tested? (If YES, complete this section.)			45. Was the call-in signal silence function correct?		
			46. Was the off-hook indicator verified?		
42. Was the Fire Command Center operating properly?			47. Were phone jacks tested satisfactorily?		
43. Were speaker sound pressure and clarity recorded in Section D?			48. Were phone sets tested satisfactorily?		
44. Were amplifier/tone generators tested satisfactorily?			49. Were handset system voice quality and clarity acceptable?		

INSPECTED BY (PRINT NAME) _____ (SIGNATURE) _____

CERTIFIER'S SIGNATURE _____ DATE _____

