



**CITY OF PHILADELPHIA
DEPARTMENT OF LICENSES AND INSPECTIONS
ANNUAL CERTIFICATION FOR FIRE ALARM SYSTEMS**

PROPERTY ADDRESS (BRT Address Required)	
TESTING CONTRACTOR (Name and Address)	License No.

ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

A. OWNER'S SECTION: (TO BE COMPLETED BY THE PROPERTY OWNER OR AGENT) EXPLAIN ALL NO ANSWERS, EXCEPT AS NOTED

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

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

CERTIFICATE HOLDERS SECTION: (ALL TESTS SHALL BE IN ACCORDANCE WITH THE PHILADELPHIA FIRE CODE AND NFPA 72, CHAPTER 10)

B. CONTROL EQUIPMENT

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

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>18. Were signs mounted at each pull station stating "IN CASE OF FIRE: SOUND ALARM AND CALL 911 or THE FIRE DEPARTMENT"? Y____ N ____</p> <p>19. Were the manual fire alarm box tests acceptable? Y____ N ____</p> <p>20. Were the smoke detector inspection/tests acceptable? Y____ N ____</p> <p>21. Were the smoke detector thermal elements tests acceptable? Y____ N ____</p> <p>22. Were the smoke detector control output tests acceptable? Y____ N ____</p> <p>23. Were non-restorable heat detectors inspected and in satisfactory condition? Y____ N ____</p> | <p>24. Were restorable heat detector tests acceptable? Y____ N ____</p> <p>25. Were the alarm verification tests satisfactory? Y____ N ____</p> <p>26. Was the sensitivity of all Smoke Detectors tested in accordance with NFPA72 (2007) Section 10.4.4.2.4? (Provide results on page 4 or provide NFPA compliant panel printout) The certification of smoke detector sensitivity shall be performed according to the Philadelphia Fire Code Section below. Y____ N ____</p> <p>27. Were the duct smoke detector tests acceptable? Y____ N ____</p> |
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F-907 Certification of smoke detector sensitivity; 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 4 of the Annual Certification form each year testing is performed.

C1. SUBSECTION: SPRINKLER SYSTEM SUPERVISION (IF APPLICABLE) Yes No (If no, explain)

28. Were the water flow switch inspection/tests acceptable? Y ___ N ___
29. Were the valve tamper switch inspection/tests acceptable? Y ___ N ___
30. Were the low temperature sensor inspection/tests acceptable? Y ___ N ___
31. Were low air pressure switch inspection/tests acceptable? Y ___ N ___
32. Were the Fire Pump power supervision inspection/tests acceptable? Y ___ N ___
33. Were the Fire Pump Running supervision inspection/tests acceptable? Y ___ N ___
34. Were the Fire Pump Trouble supervision inspection/tests acceptable? Y ___ N ___
35. Were Fire Pump Alternate Power inspection/tests acceptable? Y ___ N ___

C2. SUBSECTION: OTHER INITIATION (IF APPLICABLE) Yes No (If no, explain)

36. Are all range hood/other suppression systems interconnected to this system as required? Y ___ N ___
37. Were all range hood/other suppression system inspection/tests acceptable? Y ___ N ___
38. Are all existing air handler duct smoke detectors interconnected to this system? Y ___ N ___
39. Were all air handler duct smoke detector inspection/tests acceptable? Y ___ N ___

D. AUDIBLE / VISIBLE DEVICES

40. Were the ambient sound levels tested with the normal ambient noises present (HVAC, etc.) and recorded below? Y ___ N ___
41. Were alarm sounds levels tested and recorded below? Y ___ N ___
42. Were visible alarms tested and operating properly? Y ___ N ___
43. Did sound levels reach the minimum requirement noted below: Y ___ N ___
- Systems installed prior to January 1984 = Sufficient volume to be heard
 - January 1984 until March 1991 = 15 dba above ambient in occupied spaces
 - May 1991 until December 2009 = 70 dba in sleeping rooms, 70 Mechanical spaces, 60 in remaining spaces
 - January 2010 until Present = 75 dba sleeping rooms, 70 in Mechanical spaces and 60 in remaining spaces.

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	ALARM LEVEL
COMMON AREA LOCATION:			
COMMON AREA LOCATION:			
COMMON AREA LOCATION:			
SLEEPING AREA :			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
SLEEPING AREA:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			
OTHER:			

D1. SUBSECTION: OTHER SYSTEM OUTPUTS / INTERCONNECTIONS (IF APPLICABLE) Yes No (If no, explain)

45. Are all range hood/other suppression systems interconnected to fuel shut off/power disconnects as required? Y ___ N ___
46. Are all air handlers over 2000 cfm shut down as required? Y ___ N ___
47. Were all Primary Floor Elevator Recall inspection/tests acceptable? Y ___ N ___
48. Were all Secondary Floor Elevator Recall inspections/tests acceptable? Y ___ N ___
49. Were all Elevator Power Shutoff/Shunt Trip inspection/tests acceptable? Y ___ N ___
50. Were all Elevator Fire Fighters Hat feature inspection/tests acceptable? Y ___ N ___
51. Were all Door Hold Open Release inspection/tests acceptable? Y ___ N ___

E. ELECTRICAL

52. Was the fire alarm system power connected to a branch circuit of house panel? Y ___ N ___
53. Was the fire alarm system power disconnected for the dedicated branch circuit locked in the "On" position? Y ___ N ___
54. Was the fire alarm system power disconnect location clearly identified in writing at or on the control panel? Y ___ N ___
55. Was the test of the primary power source satisfactory? Y ___ N ___
56. Was the test of the secondary power source (e.g. batteries) satisfactory? Y ___ N ___
57. Was the system tested using the secondary power source? Y ___ N ___
58. Were all additional NAC power supply inspection/tests acceptable? Y ___ N ___
59. Were all additional sub control, amplifier, firefighter phone panels and auxiliary power supply inspection/tests acceptable? Y ___ N ___
60. Were all batteries for additional NAC power supplies sub controls, amplifiers, fire fighter phone panels and auxiliary, power supplies load tests/inspections acceptable? Y ___ N ___
61. Were all batteries load tested? Y ___ N ___
- Provide Make and Model of tester used? _____

F. VOICE EVACUATION SYSTEM (IF APPLICABLE) Yes No (If no, explain)

62. Is this system applicable to the system being tested? (If YES, complete this section) Y ___ N ___
63. Was the Fire Command Center operating properly? Y ___ N ___
64. Were speaker sound pressure and clarity recorded in Section D? Y ___ N ___
65. Were amplifier/tone generators tested satisfactorily? Y ___ N ___

G. FIRE FIGHTER PHONE SYSTEMS (IF APPLICABLE) Yes No (If no, explain)

66. Was the call-in signal silence function correct? Y ___ N ___
67. Was the off-hook indicator verified? Y ___ N ___
68. Were phone jacks tested satisfactorily? Y ___ N ___
69. Were phone sets tested satisfactorily? Y ___ N ___
70. Were handset system voice quality and clarity acceptable? Y ___ N ___

H. MONITORING (IF APPLICABLE) Yes No (If no, explain)

71. Is this system monitored or required to be monitored? (If YES, complete this section) Y ___ N ___
72. This system is monitored under which of the NFPA 72 monitoring categories?
- | | |
|-------------------------------------|--------------------------|
| Proprietary Supervising Station | <input type="checkbox"/> |
| Remote Supervising Station | <input type="checkbox"/> |
| Other (Explain in comments section) | <input type="checkbox"/> |
| Central Station Service | <input type="checkbox"/> |
- The system is monitored in compliance with the above checked (✓) method. Y ___ N ___
73. The system sends a daily test signal to the monitoring station? Y ___ N ___
74. The system has two telephone lines or other NFPA method of communication with the monitoring station? Y ___ N ___
75. The monitoring station is UL approved to receive Fire Alarm Signals? Y ___ N ___
76. The name of the Monitoring Entity is: _____
- Telephone #: _____
- Account Reference No: _____
- UL Certification #: _____
75. The system was tested to the monitoring station for the following conditions:
- | | |
|-----------------------------------|-------------|
| A. Alarm and Restore | Y ___ N ___ |
| B. Trouble and Trouble Restore | Y ___ N ___ |
| C. Supervisory Signal and Restore | Y ___ N ___ |
| D. Ground Fault and Restore | Y ___ N ___ |
| E. AC Power Loss and Restore | Y ___ N ___ |

