



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Assumption
Address: Main Avenue
Assumption, AB
Contact Person: Office
Phone: 780-321-3835 Date: Sept 4, 2013
L/R #: 5273670
Manufacturer: Pyrotronics
Model No: _____

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 3:00 PM
Time Back in Service: 5:00 PM

2 - Monitoring Company: N/A
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Fan Shutdown
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer <u>Minutes</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Stage Time Delay <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 18ah		
26.6v		
26.5v		
90%,90%		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts
 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed
 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	
(HT) Heat Detector Fixed Temp	
(RHT) Heat Detector Rate of Rise	
(S) Smoke	
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	
(V) Visual Alarm (Strobe)	
(K) Horn (Klaxon Type)	
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Jamey Leece

Panel Needs Replacing-Trouble Light Will Not Turn Off And Bell CCT #1 Does Not Work.

PW163394 - Has been developed to replace this system in 2014-2015.

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Assumption

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Front Entrance	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
002		Furnace #5	DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	
003		Furnace #4	DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	
004		Front Lobby	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
005		Door To Cells	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
006		Prisoner Holding Area	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
007		Prisoner Garage	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
008		Prisoner Garage	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
009		Prisoner Holding Area	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
010		Cell Exit	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
011		Office West Exit	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
012		Office North Exit	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
013		Mech Room	M	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
014		Furnace #3	DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	
015		Furnace #1	DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
016		Furnace #2	DS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
017		Prisoner Reception Desk	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
018		Prisoner Guest Visit Room	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
019		Breathalyzer Room	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
020		Cell Storage Room	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
021		Cell Bathroom	HT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
022		Cell #8	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
023		Cell #7	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
024		Cell #6	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
025		Cell #5	S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Assumption

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
027		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
028		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
029		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
030		Prisoner Guard Storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
031		Cell Hallway South	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
032		Cell Hallway Centre	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
033		Cell Hallway North	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
034		Secure Garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
035		Main Janitor Room By Lobby	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
036		Interview Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
037		Hallway To Cells	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
038		Hallway By Main Lobby	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
039		Main Reception Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
040		Office Sitting Area	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
041		Sargents Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
042		Office Beside Sargents Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
043		Office Common Area	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
044		Equipment Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
045		Outside Equipment Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
046		File Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
047		West Exit	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
048		Support Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
049		Mens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
050		Womens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
051		Outside Lunchroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
052		Lunchroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
053		Outside Electrical Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
054		Electrical Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
055		Server Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
056		Mech Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
057		Mech Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
058		Garage North	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
059		Garage North	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
060		Garage North	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
061		Generator Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	
062		North Garage Storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
063		Water Room	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
064		Water Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
065		Main Lobby	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	
066				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
067				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
068				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
069				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
070				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
071				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
072				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
073				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
074				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
075				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Athabasca
Address: 3204 - 48 Avenue
Athabasca, AB
Contact Person: Office
Phone: 780-675-5122 Date: Sept 6, 2013
L/R #: 5273693
Manufacturer: Mircom
Model No: 1000

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 1:30 PM
Time Back in Service: 3:00 PM

2 - Monitoring Company: N/A
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 12ah		
27.7		
27.8		
100%,100%		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

- Trouble Lamp
- Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts

- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed

- Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	
(HT) Heat Detector Fixed Temp	
(RHT) Heat Detector Rate of Rise	
(S) Smoke	
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	
(V) Visual Alarm (Strobe)	
(K) Horn (Klaxon Type)	
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Jamey Leece

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Athabasca

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Main Lobby	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
002		Tamper	TS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
003		Water Pressure	FS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	
004		Low Pressure (Water)	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
005		Low Pressure (Air)	PS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	
006		File Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
007		Lunchroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
008		Custodian Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
009		Rear Exit Office	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
010		Exit To Mech Room	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
011		Garage Storage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
012		Electrical Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
013		Evidence Room #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
014		Evidence Room #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
015		Equipment Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
016		Visitor Room "Cell"	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
017		Guard Desk	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
018		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
019		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
020		Cell Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
021		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
022		By Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
023		Cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
024		Cell #5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
025		Mech Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Athabasca

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Cell #6	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
027		Cell #7	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
028		Interview Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
029		Breathalyzer Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
030		By Breathalyzer Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
031		Secure Garage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
032		Secure Garage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
033		Secure Garage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
034		Guard Storage Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
035				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
036				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
037				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
038				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
039				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
040		SIGNALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
041				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042		Secure Garage	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
043		Cell Exit	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
044		Rear Exit	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
045		Main Entrance	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



Customer: RCMP - Athabasca
Building: 3204-48 Ave Athabasca, AB
Contact: Office
This inspection is:

Inspection Date: September 6, 2013
Inspector: Brad O'Hara
Phone/Fax: 780-675-5122
weekly monthly annual

1 General

Annual Inspection Items	Y	N	N/A
a) Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the sprinkler system been extended to all areas of the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have there been any changes in the occupancy, machinery or operations in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Have there been any changes or repairs to the fire protection system since the last inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Has the fire pump been tested with the use of hose streams in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Are any of the sprinkler heads 50 years old or older?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Is the required 1.8" clearance between sprinklers and storage present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Are all areas protected by a wet system heated?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Are backflows present to prevent cross-contamination of potable supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Are all systems in operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth year inspection Items	Y	N	N/A
a) Interior of alarm, dry pipe and pre-act/deluge valves in satisfactory condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Interior of check valves, strainers, filters and restricted orifices satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 Control Valves

Weekly inspection Items	Y	N	N/A
a) Are all sprinkler main control and auxiliary valves in the appropriate position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Are all control valves locked or supervised in the open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quarterly inspection Items	Y	N	N/A
a) Are all pressure reducing/regulating devices operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3 Water Supply Flow Test

Annual inspection Items	Y	N	N/A
a) Main drain proper size for riser?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Static pressure recorded:		85psi	
c) Residual pressure recorded:		75psi	

4 Sprinklers & Piping

Annual Inspection Items	Y	N	N/A
a) Sprinklers appear to be in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sprinklers free of corrosion, paint and/or visible obstruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Extra sprinklers and sprinkler wrench are on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Condition of piping, drain valves and hangers satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sprinklers appear to be the correct temperature rating for their locations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Sprinklers in range hood protection have been replaced in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fifth year Inspection Items	Y	N	N/A
a) Gauges have been calibrated with a test gauge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5 Tanks, Pumps & Fire Dept. Connections

Weekly Inspection Items	Y	N	N/A
a) All gravity, surface, pressure tanks appear in good external condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) All gravity, surface, pressure tanks at proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) All fire pumps, booster pumps and jockey pumps appear in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Monthly Inspection Items	Y	N	N/A
a) all gravity, surface, pressure tanks at proper pressure/water level?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Fire Dept. connections in satisfactory condition; couplings free, caps/plugs in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Fire Dept. connections visible and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Wet Systems

Monthly Inspection Items	Y	N	N/A
a) Wet system gauges showing pressures in normal range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Inspection Items	Y	N	N/A
a) Quantity, size, model of alarm valves:			<input checked="" type="checkbox"/>
b) Quantity, size, model of flow switches:			<input checked="" type="checkbox"/>
c) The following glycol loops were tested this date:			
Location		Temperature	
1.		°C	
2.		°C	
3.		°C	
4.		°C	
d) Alarm valves and excess pressure pumps operated properly when tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Quantity, model, manual/automatic excess pressure pump:			<input checked="" type="checkbox"/>

7 Dry Systems

Weekly Inspection Items	Y	N	N/A
a) Dry pipe house temperature at 40 F?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Inspection Items	Y	N	N/A
a) Dry system gauges showing pressures in normal range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Inspection Items	Y	N	N/A
a) Quantity, size, model of dry pipe/preact valves			1-4" Gem
b) Air/nitrogen supply in operation and able to restore system in 30 min?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Compressor oil level in operable range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Low points drained during inspection?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e) Dry pipe/preact valves and compressors operated properly when tested?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Quick opening device operated properly when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Dry pipe/preact valve trip tested (control valve partially open)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h) Piping at entry to freezer checked for ice formation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Did customer inform you of low point drains?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Third year inspection Items	Y	N	N/A
a) Dry pipe/preact valve trip tested (control valve fully open)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b) Date of previous trip test			N/A

8 Trip Test Results (see supplementary report)

City Water Pressure	Air pressure before trip	Air pressure at trip	Time to trip	Time for water to reach test conn. (max 60sec)	Quick opening device present
85	40	13			No

9 Alarms

Quarterly inspection items	Y	N	N/A
a) Water motor gong operated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Electric bell operated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Fire panel received all alarms from sprinkler devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fire panel received all supervisory signals from sprinkler devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) All flow switches activated by flowing water at inspectors test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Make and model of fire alarm panel			
There is a fire pump present - see Fire Pump Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is a stand pipe present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is/are backflow(s) present - see Backflow Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Deficiencies

1-Air gauge dated 1999

1-Air/water gauge dated 1999

Both gauges should be calibrated or changed every 5 years.

11 Remarks

Whole building is protected by dry system.

Low air supervisory reports at 16psi.

Compressor starts at 28psi.

Compressor cuts out at 40psi.

Inspectors signature: _____



Cross Connection Control
 2000 - 10423 101 Street NW
 Edmonton, AB T6H 0E8
 Phone: (780) 412-7840
 Fax: (780) 412-7835
 epcorwaterCCC@epcor.com

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

EPCOR Water Services

Facility Name: **RCMP - Athabasca**

Service Address: **3204 - 48 Avenue Athabasca, AB** Postal Code:

Owner / Customer: **SNC Lavalin O & M Ltd.** Initial Test Annual Test Repair Test

Owner's Contact Name: **George Mejia** Is this a replacement? Yes No
(If YES please include information for existing AND replacement assembly.)

Owner's Address: **Suite 610, 22 Sir Winston Churchill Avenue St. Albert, AB** Remarks: (Reason for installation, test, repair, etc.)

Postal Code: **T8N 1B4**

Telephone # **780-458-4475** Fax # **780-458-2571**

Assembly Location: **Mech/boiler room**

Premises-Isolating Assembly Zone Assembly Fixture Assembly

Protection Type: Domestic Fire Irrigation

Other (please specify)

REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)		BFP Assembly	New or Existing	Replacement
STATIC INLET LINE PRESSURE AT TIME OF TEST 60 Psi		Type	DCVA	
A Static Pressure Drop Across Check Valve No. 1 A Psi		Manufacturer	Ames	
B Opening Point of Relief Valve - (Must be 2 Psi or greater) - B Psi		Model	Colt 200ss	
C Buffer (must be 3 psi or greater) A - B = C = C Psi		Serial #	695	
		Size	4"	
		Installation Date		
		Water Meter #		
		Plumbing Permit #		

TEST	Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test	PVB/SRPVB	Shut Off Valves	Air Gap
	<input checked="" type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 1 Held at 2.8 PSID (REQUIRED) <input type="checkbox"/> Leaked	<input checked="" type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 2 Held at 3.4 PSID (REQUIRED) <input type="checkbox"/> Leaked	Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater <input type="checkbox"/> Failed to Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed to Open	Closed Tight <input checked="" type="checkbox"/> #1 <input checked="" type="checkbox"/> #2 Leaked <input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> Annual Inspection <input type="checkbox"/> Meets Definition of Approved Air Gap

IF THE DEVICE FAILED THE INITIAL TEST FOR ANY REASON, COMPLETE THE RETEST SECTIONS BELOW

REPAIRS	Check Valve No. 1		Check Valve No. 2		RP Relief Valve Test		PVB/SRPVB		Shut Off Valves		Air Gap
	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module <input type="checkbox"/> Diaphragm	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm	CLEANED <input type="checkbox"/> #1 <input type="checkbox"/> #2 REPA RED <input type="checkbox"/> #1 <input type="checkbox"/> #2 REPLACED <input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> Annual Inspection <input type="checkbox"/> Meets Definition of Approved Air Gap					

Remarks: (Reason for failure and additional actions taken to repair, etc.)

REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)		BFP Assembly	Shut Off Valves	Air Gap
STATIC INLET LINE PRESSURE AT TIME OF TEST _____ Psi				
A Static Pressure Drop Across Check Valve No. 1 _____ Psi				
B Opening Point of Relief Valve - (must be 2 psi or greater) _____ Psi				
C Buffer (must be 3 psi or greater) A - B = C _____ Psi				

RETEST	Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test	PVB/SRPVB	Shut Off Valves	Air Gap
	<input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 1 Held at _____ PSID (REQUIRED) <input type="checkbox"/> Leaked	<input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 2 Held at _____ PSID (REQUIRED) <input type="checkbox"/> Leaked	Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater <input type="checkbox"/> Failed to Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed to Open	Closed Tight <input type="checkbox"/> #1 <input type="checkbox"/> #2 Leaked <input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> Annual Inspection <input type="checkbox"/> Meets Definition of Approved Air Gap

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: *Brad O'Hara*
 (Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual)

Tester's Name	AWWA Certificate #	Company Name	Company Phone #	Date of Test	Tester's Phone #
Brad O'Hara	11233	Levitt Safety	460675	Sept 6, 2013	780-461-8088



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Beaverlodge
Address: 402 - 10 Street
Beaverlodge, AB
Contact Person: Office
Phone: 780-354-2955 Date: Sept 10, 2013
L/R #: 5273684
Manufacturer: Simplex
Model No: 4005

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 10.0ah		
26.78		
25.49		
25.12		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

- Trouble Lamp
- Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts

- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed

- Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Beaverlodge

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Security garage storage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Security garage	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Security garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Cell block	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Cell block hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Cell block reception	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Cell block reception	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Cell block hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Cell block janitor rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Cell block hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Cell block hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Cell #129	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	need a tamper proof screw driver
013		Cell #128	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	need a tamper proof screw driver
014		Cell#130	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	need a tamper proof screw driver
015		Drunk tank	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	need a tamper proof screw driver
016		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Office entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		Office entrance	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Office radio storage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Office lunch rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Office mens washroom	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Beaverlodge

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Office ladies washroom	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Office side exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Top of stairwell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		Top of stairwell	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		Bsmt electrical rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		Bsmt electrical rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Bsmt	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Bsmt	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Bsmt furnace weight room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035		Bsmt furnace weight room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036		Bsmt furnace weight room	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037		Bsmt file storage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
038		Bsmt janitor room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
039		Bsmt weight room	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
040		Bsmt weight room	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
041		Exhibit rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
042		Exhibit rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
043		Exhibit rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
044				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
045				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
046				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

Name of Company: RCMP - Boyle
 Address: 4901 Taylor Road
Boyle, AB
 Contact Person: Office
 Phone: 780-689-4081 Date: Sept 16, 2013
 L/R #: 5273693
 Manufacturer: Edwards
 Model No: 2280

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
 Time Back in Service: _____

2 - Monitoring Company: _____
 Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Fan Shutdown
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

- Power on Indicator YES NO N/A
- Common Trouble Lamp YES NO N/A
- Common Trouble Signal YES NO N/A
- Trouble Silence Switch YES NO N/A
- AC Power Failure Trouble YES NO N/A
- General Alarm Operation YES NO N/A
- General Alarm Automatic Cutout Timer YES NO N/A Minutes
- 2nd Stage Time Delay YES NO N/A Minutes
- Control Panel Interconnection to Monitoring Company Confirmed YES NO N/A
- Alarm Signal Silence Operation YES NO N/A
- Alarm Signal Silence Lamp YES NO N/A
- Alarm Signal Silence Inhibit 1 Minute YES NO N/A
- Alarm Initiating Circuit Individually Tested for Alarm YES NO N/A
- Alarm Lamp Operation (Individually Tested) YES NO N/A
- All Audible Alarm Signals Operated on AC Power YES NO N/A
- All Audible Alarm Signals Circuits Operate on General Alarm YES NO N/A
- Battery Backup or Emergency Power YES NO N/A
- Emergency Voice Paging Interface Operation YES NO N/A
- Trouble Lamps (Initiating Circuits) YES NO N/A
- Trouble Lamps (Signal Circuits) YES NO N/A
- Lamps Test YES NO N/A
- Plug in Components Securely in Place YES NO N/A
- Reset Operation YES NO N/A
- Control Panel Lock YES NO N/A

	YES	NO	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 7.0ah		
26.98		
25.3		
24.2		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts
 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed
 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

DEVICE LEGEND

DEVICE

Description / Type / Model

(M)	Manual Pull Station	<u>Edwards 270-spo</u>
(HT)	Heat Detector Fixed Temp	<u>Cf 135-200</u>
(RHT)	Heat Detector Rate of Rise	<u>Cr 135</u>
(S)	Smoke	<u>1400A</u>
(DS)	Duct Smoke Detector	<u>Edwards</u>
(FS)	Sprinkler Flow Switch	
(TS)	Sprinkler Tamper Switch	
(SA)	Smoke Alarm Single Stage	
(B)	Alarm Bell	<u>10' 24vdc</u>
(V)	Visual Alarm (Strobe)	
(K)	Horn (Klaxon Type)	
(C)	Alarm Chime	
(LSP)	Loudspeaker	
(HLSP)	Horn Loudspeaker	
(FPH)	Firefighters Telephone	
(AD)	Ancillary Devices	
(APS)	Alarm Pressure Switch	
(LPS)	Low Pressure Switch	
Other Devices (Please be Specific)		

Remarks:

Technician: Brent Maslyk

2013 Deficiencies:

- #1 The fire alarm panel requires replacing, Faulty charger card, Panel no longer supported.
- #2 All 2 duct detectors require replacing, too old very sensitive.
- #3 Both cell hallway smoke detectors require replacment. Old and sensitive.
- #4 Cell #1 smoke detector requires replacement. too sensitive.

NOTE THE FIRE PANEL ONLY HAS 1-ZONE AND 1 BELL CCT AND RELAY CONTACTS.

"Project to be developed."

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Boyle

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		2nd floor weight rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		2nd floor weight rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLD
003		2nd floor attic	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		2nd floor attic	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		2nd floor mech rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		2nd floor mech rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLD /remote led ok
007		2nd floor mech rm	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		2nd floor top of stairs	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Main floor exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Main floor exit	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Janitor rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Office	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		File storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		Office entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		Guard desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Cell hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLD
018		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Cell hall	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Cell hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLD
021		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	OLD
022		Secure garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		2nd floor tele rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Breton
Address: 4724 - 50 Avenue
Breton, AB
Contact Person: Office
Phone: 780-696-3520 Date: Sept 16, 2013
L/R #: 5273690
Manufacturer: Simplex
Model No: 4008

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 1:30 PM
Time Back in Service: 3:00 PM

2 - Monitoring Company: N/A
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Door Mags
- B) Fan Shutdown
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD
 Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 12ah		
27.7v		
27v		
80%,80%		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Breton

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Staff Entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
002		General Duty Office	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
003		Staff Entrance	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
004		Main Entrance Hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
005		Reception West	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
006		Main Workstation	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
007		Reception Vestibule	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
008		Main Entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
009		Janitor Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
010		NCO Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
011		Parade Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
012		North Exit Vestibule	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
013		North Exit Vestibule	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
014		General Duty Office West	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
015		Secure Interview Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
016		Patrol Corridor	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
017		Guard Station	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
018		Exit By Guards Desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
019		Guard Station Corridor	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
020		Holding Cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
021		Overnight Exhibit	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
022		Secure Exhibit	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
023		Kitchen	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
024		Guard Area Mens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
025		Guard Area Womens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Breton

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Sargents Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
027		Upstairs Ladies Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
028		Mech Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
029		Basement Cellar	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
030		Basement S/W	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
031		Basement S/E	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
032		Basement North	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
033		2nd Floor Stairwell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
034		2nd Floor Stair Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
035		2nd Floor Interview Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
036		2nd Floor Meeting Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
037		2nd Floor VSU Area	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
038		Basement Stair Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
039		Boiler Room Duct	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
040				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
041		SIGNALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042		Officers Area	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
043		Guards Area	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044		Front Reception	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045		2nd Floor Stairwell	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046		Basement	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Camrose
Address: 6410 - 48 Avenue
Camrose, AB
Contact Person: Office
Phone: 780-672-3342 Date: Sept 18, 2013
L/R #: 5273693
Manufacturer: Notifier
Model No: 500

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) FAN SHUTDOWN
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 7.0ah		
27.5		
25.9		
25.6		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	<u>Notifier FM950b</u>
(HT) Heat Detector Fixed Temp	
(RHT) Heat Detector Rate of Rise	<u>Thermostat CR135</u>
(S) Smoke	<u>1400A</u>
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	<u>Combo/10' 24vdc</u>
(V) Visual Alarm (Strobe)	<u>Combo/10' 24vdc</u>
(K) Horn (Klaxon Type)	
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician:

Brent Maslyk

Replaced batteries inside the fire panel.

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Camrose

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Main entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Office	B/V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Office file rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Office janitor rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Office exit	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Office exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Interview rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Office to cell area	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Top of stairs to bsmt	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Top of stairs to bsmt	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Cell area	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Cell area	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Cell area	B/V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REMOTE LED
015		Secure Garage	B/V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		Secure Garage	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Secure Garage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		Breathalyzer rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REMOTE LED
020		Cell hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	REMOTE LED
022		Cell interview rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Bsmt	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Bsmt	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Bsmt	B/V	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Camrose

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Bsmt storage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Bsmt fitness rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Bsmt locker rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		Bsmt furnace rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		Bsmt furnace rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		Bsmt furnace rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Bsmt furnace rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Bsmt furnace rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Bsmt furnace rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
038				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
039				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
040				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
041				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
043				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

Name of Company: RCMP - Desmaris
Address: 861 Mistassing Road
Demaris, AB
Contact Person: Office
Phone: 780-891-3768 Date: Sept 24, 2014
L/R #: 5288543-00
Manufacturer: Notifier
Model No: CPU 500

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 12:00 PM
Time Back in Service: 3:00 PM

2 - Monitoring Company: Monitoring
Name of Employee: Called in by staff

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Fan Shutdown
- B) Monitoring
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 12AH		
27.5		
25.93		
25.285		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts
 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed
 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Alarm Inspection Records

- A. Correctly installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Desmaris

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Main Floor Front Lobby	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
002		Top Of Stairs	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
003		Main Floor Office Support	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
004		Main Floor Janitor Room	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
005		Stairwell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	
006		Main Garage	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
007		File Room	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
008		Cell Block By Guards Desk	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
009		Cell Block Janitor Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
010		Evidence Room #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
011		Evidence Room #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
012		Back Flow	TS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	
013		F1	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Can't Locate-No Test
014		F2	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Can't Locate-No Test
015		F3	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Can't Locate-No Test
016		F4	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Can't Locate-No Test
017		Backflow Tamper	TS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	
018		Main Flow	FS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	
019		Guards Washroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
020		Guards Desk	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
021		Cell #9	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
022		Cell #8	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
023		Cell #7	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
024		Cell #6	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
025		Cell #5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Desmaris

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
027		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
028		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
029		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
030		Prison Cell Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
031		By Cell #8	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
032		By Cell #5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
033		By Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
034		Cell Storage Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
035		Breathalyzer Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
036		Interview Room "Cell"	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
037		Exit To Secure Garage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
038		By Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
039		Basement Crawspace	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
040		Bottom Of Stairs	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
041		Mech Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
042		Crawspace Cells	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
043				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
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- E. Circuit / Zone Number
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Building Name RCMP - Desmarais

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
051				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
052		SIGNALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
053		Guards Desk	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
054		Office Area	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
055		Outside Washrooms	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
056		Basement Hallway	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input type="checkbox"/>	<input type="checkbox"/>	
057				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
058				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
059				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
060				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
061				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
062				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
063				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
064				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
065				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
066				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
067				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
068				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
069				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
070				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
071				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
072				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
073				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
074				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
075				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

Name of Company: RCMP - Drayton Valley
Address: 5409 Industrial Road
Drayton Valley, AB
Contact Person: Office
Phone: 780-542-4457 Date: Sept 13, 2013
L/R #: 5273690
Manufacturer: Fire-Lite
Model No: 200

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back In Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) FAN SHUTDOWN
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 7.0ah		
27.58		
25.75		
25.13		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	<u>Various Models</u>
(HT) Heat Detector Fixed Temp	<u>CF-135-200</u>
(RHT) Heat Detector Rate of Rise	<u>CR-135</u>
(S) Smoke	<u>System Sensor 1400A</u>
(DS) Duct Smoke Detector	<u>System Sensor</u>
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	<u>10' 24VDC</u>
(V) Visual Alarm (Strobe)	
(K) Horn (Klaxon Type)	
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Brent Maslyk

Fire Alarm Inspection Records

- A. Correctly installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Drayton Valley

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Office	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Mech room	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Storage garage	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Mech room	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Make up air furnace	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Make up air furnace	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Make up air furnace	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Make up air furnace	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Make up air furnace	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Furnace room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Furnace rm/electrical room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		Garage storage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		Garage storage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		Fitness/locker room	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Fitness/locker room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		Fitness/locker room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Victum services office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Office rear exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Janitor room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Lunch room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Office hallway	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Main office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Office entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

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- B. Missing
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- D. Alarm Operation Confirmed
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- G. Supervision of Wiring to Devices

Building Name RCMP - Drayton Valley

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Mens washroom	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Ladies washroom	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		Office	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Office file room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Guards area	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Cell block Guard desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035		Cell block Guard desk	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036		Cell block Guard desk	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037		Exhibit room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
038		Interview room cell block	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
039		By cell #5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
040		Cell # 5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
041		Cell block janitor room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
042		Cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
043		Cell # 2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
044		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
045		Cell hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
046		Cell hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
047		Breathalyzer room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
048		Secure bay	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
049		Secure bay	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
050		Office interview room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Edson
Address: 115 - 55 Street
Edson, AB
Contact Person: Office
Phone: 780-723-8822 Date: Sept 13, 2013
L/R #: 5273690
Manufacturer: Electro Vox
Model No: _____

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 7:30 AM
Time Back in Service: 11:00 AM

2 - Monitoring Company: N/A
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Fan Shutdown
- B) Door Mags
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 7.2ah		
New		
New		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Edson

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		2nd Floor S/E Stairwell	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
002		2nd Floor By Elevator	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
003		2nd Floor Dispatch Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
004		2nd Floor Dispatch Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
005		2nd Floor Dispatch Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
006		2nd Floor Bathroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
007		2nd Floor Office #1	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
008		2nd Floor Office #2	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input type="checkbox"/>	<input type="checkbox"/>	
009		Top Of S/E Stairs	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	
010		2nd Floor East Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
011		Interview Room East	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
012		2nd Floor Common Area	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
013		Major Crimes Office 2nd Floor	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
014		Project Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
015		2nd Floor Coffee Room South	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
016		2nd Floor Coffee Room North	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
017		Womens Washroom 2nd Floor	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
018		Mens Washroom 2nd Floor	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
019		Sub/Division Ident. Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
020		Sub/Division Ident. Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
021		NCO Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
022		Top Of S/W Stairs	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	
023		Exit To S/W Stairwell	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
024		2nd Floor Locker Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
025		Gym	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

4 Offices Upstairs Unable To Get Into.

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Edson

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Gym 2nd Floor	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
027		Mens Gym Locker Room 2nd Floor	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
028		Womens Gym Locker Room 2nd Floor	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
029		File Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
030		General Office Area	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
031		CPL Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
032		Main Floor Office Storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
033		Main Floor East Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
034		Commanders Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
035		Operations Support	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
036		Main Floor Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
037		Main Floor Interview Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
038		Front Entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
039		Reception Area	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
040		Guards Desk	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	
041		Guards Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	29	<input type="checkbox"/>	<input type="checkbox"/>	
042		Guards Desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31	<input type="checkbox"/>	<input type="checkbox"/>	
043		By Cell #110	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	
044		Cell #110	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	
045		Cell #108	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	
046		Cell #111	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	
047		Cell #112	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	24	<input type="checkbox"/>	<input type="checkbox"/>	
048		By Cell #112	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	
049		By Cell #113	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	
050		By Cell #116	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Can't Get At Elevator Device

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Edson

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
051		Cell #114	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	<input type="checkbox"/>	<input type="checkbox"/>	
052		Room 120	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	
053		Cell #117	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	
054		Cell #118	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	
055		By Cell #118	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	
056		JP Hearing Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	
057		Breathalyzer Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	<input type="checkbox"/>	No Entry
058		Secure Garage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	
059		Secure Garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	<input type="checkbox"/>	<input type="checkbox"/>	
060		Main Floor Mens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
061		Main Floor Womens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
062		Main Floor Janitor Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
063		Main Floor N/W Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
064		Telephone Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
065		Furnace Room	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	
066		Office Beside Furnace Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
067		Main Floor S/W Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
068		Furnace Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27	<input type="checkbox"/>	<input type="checkbox"/>	x2
069		Main Floor Single Garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
070		Main Floor Double Garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
071		Main Floor Double Garage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
072		Server Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
073		Garage Storage Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
074		Lost And Found Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
075				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Edson

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
076				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
077		SIGNALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
078		Main Floor Office Area	BELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
079		Cell Block	BELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
080		Main Floor By Janitor Room	BELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
081		2nd Floor Common Area	BELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
082		2nd Floor By Mens Washroom	BELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
083		2nd Floor Gym	BELL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
084				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
085				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
086				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
087				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
088				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
089				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
090				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
091				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
092				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
093				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
094				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
095				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
096				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
097				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
098				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
099				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
100				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	



FIRE PROTECTION
SYSTEMS

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

Name of Company: RCMP - Elk Point
Address: 4904 - 50 Avenue
Elk Point, AB
Contact Person: Office
Phone: 780-724-3964 Date: Sept 17, 2013
L/R #: 5273693
Manufacturer: Edwards
Model No: EST Quick Start

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) FAN SHUTDOWN
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 18.0ah		
26.08		
25.42		
25		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Ensure that the Fire Alarm System is Functional

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	<u>EDWARDS SIGA SERIES</u>
(HT) Heat Detector Fixed Temp	<u>EDWARDS SIGA SERIES</u>
(RHT) Heat Detector Rate of Rise	<u>EDWARDS SIGA SERIES</u>
(S) Smoke	<u>EDWARDS SIGA SERIES</u>
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	
(V) Visual Alarm (Strobe)	<u>EDWARDS COMBO</u>
(K) Horn (Klaxon Type)	<u>EDWARDS COMBO</u>
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Brent Maslyk

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Elk Point

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		South Hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		South Hall	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Exhibit rm #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Exhibit rm #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Reception	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Storage rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Sargents office	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Main office	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Small corner office	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Main entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Cell block	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Garage and secure bay	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		S/E cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		N/E cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		N/W cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		S/W cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Cell block south hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		Interview rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Breathalizer rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		North cell block hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Personal storage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Secure garage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Secure garage storage	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Secure garage	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Cell block	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Elk Point

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Office	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Office exit	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Mech rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		North hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		West entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		OPS rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Lan rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Work out rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Lunch rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035		Janitor rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
038				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
039				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
040				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
041				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
043				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Evansburg
Address: 4904 - 51 Avenue
Evansburg, AB
Contact Person: Office
Phone: 780-727-3654 Date: September 13, 2013
L/R #: 5273690
Manufacturer: EDWARDS
Model No: EST

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

YES	NO	N/A
FAILED		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

- Trouble Lamp
- Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts

- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed

- Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	<u>EDWARDS SIGA</u>
(HT) Heat Detector Fixed Temp	<u>EDWARDS SIGA</u>
(RHT) Heat Detector Rate of Rise	<u>EDWARDS SIGA</u>
(S) Smoke	<u>EDWARDS SIGA</u>
(DS) Duct Smoke Detector	<u>EDWARDS SIGA</u>
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	
(V) Visual Alarm (Strobe)	<u>COMBO 24VDC</u>
(K) Horn (Klaxon Type)	<u>COMBO 24VDC</u>
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Brent Maslyk

2013 DEFICIENCIES: Batteries require replacing inside the fire panel. 2-12v 18.0ah

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Evansburg

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Mech room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Secure garage Holding cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Cell block	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Male cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Female cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Youth cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Monitor room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Over night exhibit room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Office storage 113 east	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Lan room 115	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Tele room 114	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Office storage 113 west	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Office corr exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		Office south corr	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		Cell block	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		Secure man door exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Holding cell 141	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		Guard room 131	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Prisoner effects storage room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Patrol corr north	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Secure interview room 134	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Breathalyzer room 138	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Patrol corr center	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Secure custodian 143	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Guard washroom 145	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Evansburg

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Furnace room	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Garage bay	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Office back door	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		Cell block	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		Cell block	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		Office area	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Supply air FU #3	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Supply air FU #2	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Supply air FU #1	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035		Supply air FU #4	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036		Patrol corr south	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037		Guard desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
038		Main entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
039		Main entrance	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
040		Main entrance	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
041				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
043				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



Customer: RCMP - Evansburg
Building: 4904-51 Avenue Evansburg, AB
Contact: Office
This inspection is:

Inspection Date: September 16, 2013
Inspector: Brad O'Hara
Phone/Fax: 780-727-3654
weekly monthly annual

1 General

Annual Inspection Items	Y	N	N/A
a) Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Has the sprinkler system been extended to all areas of the building?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Have there been any changes in the occupancy, machinery or operations in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Have there been any changes or repairs to the fire protection system since the last inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Has the fire pump been tested with the use of hose streams in the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Are any of the sprinkler heads 50 years old or older?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g) Is the required 18" clearance between sprinklers and storage present?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Are all areas protected by a wet system heated?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Are backflows present to prevent cross-contamination of potable supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Are all systems in operation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fifth year Inspection Items	Y	N	N/A
a) Interior of alarm, dry pipe and pre-act/deluge valves in satisfactory condition	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Interior of check valves, strainers, filters and restricted orifices satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2 Control Valves

Weekly Inspection Items	Y	N	N/A
a) Are all sprinkler main control and auxiliary valves in the appropriate position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Are all control valves locked or supervised in the open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Quarterly inspection items	Y	N	N/A
a) Are all pressure reducing/regulating devices operating properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

3 Water Supply Flow Test

Annual Inspection Items	Y	N	N/A
a) Main drain proper size for riser?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Static pressure recorded:		120psi	
c) Residual pressure recorded:		60psi	

4 Sprinklers & Piping

Annual Inspection Items	Y	N	N/A
a) Sprinklers appear to be in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sprinklers free of corrosion, paint and/or visible obstruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Extra sprinklers and sprinkler wrench are on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Condition of piping, drain valves and hangers satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sprinklers appear to be the correct temperature rating for their locations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Sprinklers in range hood protection have been replaced in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Fifth year Inspection Items	Y	N	N/A
a) Gauges have been calibrated with a test gauge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5 Tanks, Pumps & Fire Dept. Connections

Weekly Inspection Items	Y	N	N/A
a) All gravity, surface, pressure tanks appear in good external condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) All gravity, surface, pressure tanks at proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) All fire pumps, booster pumps and jockey pumps appear in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly Inspection Items	Y	N	N/A
a) all gravity, surface, pressure tanks at proper pressure/water level?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Fire Dept. connections in satisfactory condition; couplings free, caps/plugs in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Fire Dept. connections visible and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Wet Systems

Monthly Inspection Items	Y	N	N/A
a) Wet system gauges showing pressures in normal range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Inspection Items	Y	N	N/A
a) Quantity, size, model of alarm valves:			<input type="checkbox"/>
b) Quantity, size, model of flow switches:		1-4" Tyco	<input checked="" type="checkbox"/>
c) The following glycol loops were tested this date:			
Location		Temperature	
1.		°C	
2.		°C	
3.		°C	
4.		°C	
d) Alarm valves and excess pressure pumps operated properly when tested	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Quantity, model, manual/automatic excess pressure pump:		1/3 hp Albany	<input type="checkbox"/>

7 Dry Systems

Weekly Inspection Items	Y	N	N/A
a) Dry pipe house temperature at 40 F?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Monthly Inspection Items	Y	N	N/A
a) Dry system gauges showing pressures in normal range?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Annual Inspection Items	Y	N	N/A
a) Quantity, size, model of dry pipe/preact valves	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Air/nitrogen supply in operation and able to restore system in 30 min?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Compressor oil level in operable range?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Low points drained during inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Dry pipe/preact valves and compressors operated properly when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Quick opening device operated properly when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Dry pipe/preact valve trip tested (control valve partially open)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Piping at entry to freezer checked for ice formation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Did customer inform you of low point drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Third year inspection Items	Y	N	N/A
a) Dry pipe/preact valve trip tested (control valve fully open)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Date of previous trip test			

8 Trip Test Results (see supplementary report)

City Water Pressure	Air pressure before trip	Air pressure at trip	Time to trip	Time for water to reach test conn. (max 60sec)	Quick opening device present
					No

9 Alarms

Quarterly Inspection Items	Y	N	N/A
a) Water motor gong operated properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Electric bell operated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Fire panel received all alarms from sprinkler devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fire panel received all supervisory signals from sprinkler devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) All flow switches activated by flowing water at inspectors test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Make and model of fire alarm panel			
			EST
There is a fire pump present - see Fire Pump Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is a stand pipe present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is/are backflow(s) present - see Backflow Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Deficiencies

11 Remarks

Attic space is covered by dry upright sprinklers.

Gauges are dated 2009,2011

Inspectors signature: _____



Cross Connection Control
2000 - 10423 101 Street NW
Edmonton, AB T6H 0E8
Phone: (780) 412-7840
Fax: (780) 412-7835
epcorwaterCCC@epcor.com

BACKFLOW PREVENTION ASSEMBLY

TEST REPORT

EPCOR Water Services

Facility Name: **RCMP - Evansburg**

Service Address: **4904 - 51 Avenue Evansburg, AB**

Postal Code:

Owner / Customer: **SNC Lavalin O & M Inc.**

Initial Test Annual Test Repair Test

Owner's Contact Name: **George Mejia**

Is this a replacement? Yes No
(If YES please include information for existing AND replacement assembly.)

Owner's Address: **Suite 610, 22 Sir Winston Churchill Ave St. Albert, AB**

Remarks: (Reason for installation, test, repair, etc.)

Postal Code: **T8N 1B4**

Telephone # **780-458-4475**

Fax # **780-458-2571**

Assembly Location: **Mechanical Room**

BFP Assembly	New or Existing	Replacement
Type	DCVA	
Manufacturer	Apollo	
Model	DC435	
Serial #	17115	
Size	4"	
Installation Date		
Water Meter #		
Plumbing Permit #		

Premises-Isolating Assembly Zone Assembly Fixture Assembly

Protection Type: Domestic Fire Irrigation

Other (please specify)

TEST	REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)					
	STATIC INLET LINE PRESSURE AT TIME OF TEST		65		Psi	
	A Static Pressure Drop Across Check Valve No. 1		A		Psi	
	B Opening Point of Relief Valve - (Must be 2 Psi or greater)		- B		Psi	
	C Buffer (must be 3 psi or greater) A - B = C		= C		Psi	
PASSED <input checked="" type="checkbox"/>	Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test	PVB/SRPVB	Shut Off Valves	Air Gap
	<input checked="" type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 1 Held at <u>1.2</u> PSID (REQUIRED)	<input checked="" type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 2 Held at <u>1.6</u> PSID (REQUIRED)	Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater <input type="checkbox"/> Failed to Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed to Open	Closed Tight <input checked="" type="checkbox"/> #1 <input type="checkbox"/> #2 Leaked <input type="checkbox"/> #1 <input checked="" type="checkbox"/> #2	<input type="checkbox"/> Annual Inspection <input type="checkbox"/> Meets Definition of Approved Air Gap
FAILED <input type="checkbox"/>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked				

If the device failed the initial test for any reason, complete the Retest sections below

REPAIRS	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	<input type="checkbox"/> CLEANED	#1	#2
	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED	<input type="checkbox"/> REPLACED		
	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Disc	<input type="checkbox"/> Air Inlet Disc		
	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Spring	<input type="checkbox"/> Air Inlet Spring		
<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Guide	<input type="checkbox"/> Check Disc			
<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Seat	<input type="checkbox"/> Check Spring			
<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Hinge Pin	<input type="checkbox"/> Float			
<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> O-Ring(s)	<input type="checkbox"/> Diaphragm			
<input type="checkbox"/> Module	<input type="checkbox"/> Module	<input type="checkbox"/> Module				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Diaphragm				

Remarks: (Reason for failure and additional actions taken to repair, etc.)

RETEST	REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)					
	STATIC INLET LINE PRESSURE AT TIME OF TEST				Psi	
	A Static Pressure Drop Across Check Valve No. 1		A		Psi	
	B Opening Point of Relief Valve - (must be 2 psi or greater)		- B		Psi	
	C Buffer (must be 3 psi or greater) A - B = C		= C		Psi	
PASSED <input type="checkbox"/>	Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test	PVB/SRPVB	Shut Off Valves	Air Gap
	<input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 1 Held at _____ PSID (REQUIRED)	<input type="checkbox"/> Closed Tight Pressure Drop Across Check Valve No. 2 Held at _____ PSID (REQUIRED)	Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater <input type="checkbox"/> Failed to Open	<input type="checkbox"/> Air Inlet Opened at _____ PSID <input type="checkbox"/> Failed to Open	Closed Tight <input type="checkbox"/> #1 <input type="checkbox"/> #2 Leaked <input type="checkbox"/> #1 <input type="checkbox"/> #2	<input type="checkbox"/> Annual Inspection <input type="checkbox"/> Meets Definition of Approved Air Gap
FAILED <input type="checkbox"/>	<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked				

THE ABOVE REPORT IS CERTIFIED TO BE TRUE:

(Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual)

Tester's Name	AWWA Certification #	Company Name	Test Gauge S/N	Date of Test	Tester's Phone #
Brad O'Hara	11233	Levitt Safety	460675	Sept. 16/13	780-461-8088

The information on this form is collected solely for the purpose of recording test details and results



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Fairview
Address: 10104 - 113 Street
Fairview, AB
Contact Person: Office
Phone: 780-835-4031 Date: Sept 10, 2013
L/R #: 5273684
Manufacturer: Edwards
Model No: 6500

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Fan Shutdown
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

- Power on Indicator
- Common Trouble Lamp
- Common Trouble Signal
- Trouble Silence Switch
- AC Power Failure Trouble
- General Alarm Operation
- General Alarm Automatic Cutout Timer Minutes
- 2nd Stage Time Delay Minutes
- Control Panel Interconnection to Monitoring Company Confirmed
- Alarm Signal Silence Operation
- Alarm Signal Silence Lamp
- Alarm Signal Silence Inhibit 1 Minute
- Alarm Initiating Circuit Individually Tested for Alarm
- Alarm Lamp Operation (Individually Tested)
- All Audible Alarm Signals Operated on AC Power
- All Audible Alarm Signals Circuits Operate on General Alarm
- Battery Backup or Emergency Power
- Emergency Voice Paging Interface Operation
- Trouble Lamps (Initiating Circuits)
- Trouble Lamps (Signal Circuits)
- Lamps Test
- Plug in Components Securely in Place
- Reset Operation
- Control Panel Lock

YES	NO	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 12.0ah		
26.7		
25.8		
24.9		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

- Trouble Lamp
- Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts

- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed

- Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	<u>Edwards 270-SPO</u>
(HT) Heat Detector Fixed Temp	<u>Edwards CF135-200</u>
(RHT) Heat Detector Rate of Rise	<u>Edwards CR135</u>
(S) Smoke	<u>Edwards 24vdc</u>
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	<u>Edwards 10' 24VDC</u>
(V) Visual Alarm (Strobe)	
(K) Horn (Klaxon Type)	
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Brent Maslyk

2013-Deficiencies:
 #1 Fire alarm common control board requires replacing, 6514-18 Edwards.
 #2 option replace the fire panel as its no longer reliable.

PW 007643 — To be completed
 in 2014 / 2015
 to replace panel.

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Fairview

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Office rear exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Office main entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Office	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Office janitor rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Office file rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Office file rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Office storage rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		TEL storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		MEL storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Cell block	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Cell breathalizer rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Cell block hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Cell holding rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	remote led - ok
014		Cell change rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		Cell male	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	remote led - ok
016		Cell block hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Cell female	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	remote led - ok
018		Garage exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Garage exit	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Garage storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Garage ceiling	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Garage ceiling	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Top of stairs	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Top of stairs	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		2nd floor coffee rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Fairview

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		2nd floor mech rm	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		2nd floor mech rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		2nd floor mech rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		2nd floor weight rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		2nd floor weight rm attic access	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		2nd floor mech rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
034				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
035				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
036				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
037				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
038				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
039				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
040				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
041				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
043				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

#



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Faust
Address: Highway 2, Willow
Faust, AB
Contact Person: Office
Phone: 780-355-3670 Date: Sept 11, 2013
L/R #: 5273684
Manufacturer: Cerberus Pyrotronics
Model No: CPC.3.24/32

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) FAN SHUTDOWN
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 7.0ah		
28.2		
25.4		
24.7		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Ensure that the Fire Alarm System is Functional

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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DEVICE LEGEND

DEVICE	Description / Type / Model
(M) Manual Pull Station	VARIOUS MODELS
(HT) Heat Detector Fixed Temp	CF135-200
(RHT) Heat Detector Rate of Rise	CR135
(S) Smoke	SYSTEM SENSOR 1400A
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	10' 24VDC
(V) Visual Alarm (Strobe)	
(K) Horn (Klaxon Type)	
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Brent Maslyk

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Faust

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Entrance office	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Entrance office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Office interview rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Office file rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Office hall	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Office hall	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Office janitor rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Office mens washroom	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Office locker rm	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		Office ladies washroom	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		Office lunch rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		Office exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		Top of stairs	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Bsmt electrical	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Bsmt furnace/weight rm	B	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Bsmt furnace/weight rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Bsmt furnace/weight rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Bsmt furnace/weight rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Bsmt furnace/weight rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Bsmt furnace/weight rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Faust

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Bsmt furnace/weight rm	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Bsmt furnace/weight rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Bsmt furnace/weight rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		Bsmt hall	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		Bsmt hall	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		Bsmt file rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Cell block	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Cell block	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Cell block hslf	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035		Cell block hslf	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036		Cell block Station	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037		Cell block holding cell 123	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
038		Cell block cell 122	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
039		Cell block cell 121	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
040		Cell block cell 120	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
041		Cell block D Rm secure garage storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
042		Cell block secure garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
043		Garage bay	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
044		Garage bay	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
045		Garage bay	EOL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
046		Main entrance	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
047				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
048				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
049				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
050				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP -Fort Chipewyan
Address: 1 Mellor Avenue
Fort Chipewyan, AB
Contact Person: Office
Phone: 780-697-3931 Date: Sept 24, 2013
L/R #: 5273883
Manufacturer: Edwards
Model No: EST

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?

YES	NO	N/A
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4 - Have building occupants been made aware of Fire Alarm testing?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5 - Has a pre-determined time been established for testing signalling devices?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6 - Have provisions been made for access to secured areas?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Ancillary Devices:

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 18ah		
26.8		
26.2		
85%,85%		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

- Trouble Lamp
- Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts

- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed

- Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fire Alarm Inspection Records

Building Name: RCMP - Fort Chipewyan

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Guard Desk	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4
002		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input type="checkbox"/>	<input type="checkbox"/>	16
003		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	17
004		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	1
005		Furnace Room	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	3
006		Electrical Room	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	2
007		North Corridor	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	6
008		Vestibule	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	7
009		General Office	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	8
010		South Corridor	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	9
011		Res Main Corridor	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	12
012		Res Living Area	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	15
013		Res Bedroom #1	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	13
014		Res Bedroom #2	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	14
015		Res Dining Area	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	18
016		Res Kitchen Corridor	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	11
017		Residence Living	s	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	10
018		Residence Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	128
019		Guard Desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	126
020		Main Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	127
021		Patrol Corridor	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	5
022		Interview Room	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
023		Sargent Office	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
024		General Office	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
025		File Room	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

Building Name RCMP - Fort Chipewyan

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Janitor Room	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
027		Locker Room	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
028		Evidence Room (Exhibit)	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
029		Res Laundry Room	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
030		Res Kitchen	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5	<input type="checkbox"/>	<input type="checkbox"/>	
031		Res Crawlspace	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
032		North Crawlspace	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
033		Centre Crawlspace	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
034		South Crawlspace	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
035		Recording Room Off Investigation Room	RHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
036				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
037				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
038				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
039				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
040				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
041				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
042				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
043				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Fox Creek
Address: 106 Kaybob
Fox Creek, AB
Contact Person: Office
Phone: 780-622-3580 Date: Sept 6, 2013
L/R #: 5273684
Manufacturer: EST
Model No: Quickstart

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- A) FAN SHUTDOWN
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 18.0ah		
27.73		
25.62		
24.7		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

- Trouble Lamp
- Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts
- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed
- Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Fox Creek

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Secure garage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Multi purpose rm 103	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		Office corr west	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		General office east	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		General office west	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Office corr center	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Main entrance reception	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Male locker rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Female locker rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Office corr west	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Jasper closet 119	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Parking bay garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Parking bay property storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		Overnight exhibit rm 115	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		Fumace 2	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATED IN GARAGE BAY
016		Fumace 3	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATED IN GARAGE BAY
017		Fumace 1	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOCATED IN GARAGE BAY
018		Cell block by desk	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Guard desk	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		Cell corr east	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Secure interview room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Male cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Female cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		Cell block	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025		Breathalyzer rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Fox Creek

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Cell block center corr	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
027		Cell block west corr	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
028		Holding cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
029		Cell block guard washroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
030		Secure garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
031		Secure garage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
032		Secure garage	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
033		Cell block	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
034		Cell block	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
035		Furnace #4	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
036		AHU #1 in furnace rm	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
037		Office hallway	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
038		Garage	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
039		Garage storage	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
040		Womens locker rm	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
041		Mens locker rm	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
042		Lunch rm	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
043		Lobby	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
044		Furnace rm	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
045		Server rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
046		Server rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
047		Server rm storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
048				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
049				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
050				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - High Prairie
Address: 5400 - 53 Avenue
High Prairie, AB
Contact Person: Office
Phone: 780-523-3370 Date: Sept 3, 2013
L/R #: 5273684
Manufacturer: Mirtone
Model No: GS 7532

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 11:25 AM
Time Back in Service: 2:30 PM

2 - Monitoring Company: MMCI
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) Fan Shutdown _____
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
8 x 6v x 12ah		
26.9 and 26.7		
100% for all		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts
 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed
 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - High Prairie

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Basement Mech Room	FS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	<input type="checkbox"/>	<input type="checkbox"/>	29 secs
002		Front Lobby	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
003		Front Lobby	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
004		Main Hallway By Dog Services	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
005		Kitchen Coffee Area	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
006		Outside Coffee Area	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
007		Victims Services	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
008		Hallway To Cells	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
009		Storage Room By Cells	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
010		Hallway To Cells	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
011		Cell Storage Room #2	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
012		Cell Reception	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
013		Cell Storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
014		Cell Bathroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
015		Cell Garage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
016		Cell Booking Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input type="checkbox"/>	<input type="checkbox"/>	
017		Interview Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
018		Admin.	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
019		File Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
020		Office #1	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
021		Office #2	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
022		Office #3	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
023		Office #4	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
024		Office #5	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
025		Office #6	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - High Prairie

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Public Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
027		Mens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
028		Womens Washroom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
029		North Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
030		Hallway By Janitor Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
031		Janitor Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
032		Hallway Outside Weight Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
033		Parking Garage	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
034		Top Of Basement Stairs	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	<input type="checkbox"/>	<input type="checkbox"/>	
035		Basement Hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
036		Basement Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
037		Server Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
038		Elec Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	No Access
039		Mech Room East	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
040		Mech Room West	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input type="checkbox"/>	<input type="checkbox"/>	
041		AHU #2	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input type="checkbox"/>	<input type="checkbox"/>	
042		AHU #1	DS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input type="checkbox"/>	<input type="checkbox"/>	
043		Office Area East	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
044		Office Area West	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
045		Weight Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
046		Garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
047		Cell Garage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input type="checkbox"/>	<input type="checkbox"/>	
048		#1 Male Tank	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input type="checkbox"/>	<input type="checkbox"/>	
049		#2 Female Tank	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input type="checkbox"/>	<input type="checkbox"/>	
050		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - High Prairie

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
051		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	15	<input type="checkbox"/>	<input type="checkbox"/>	
052		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	16	<input type="checkbox"/>	<input type="checkbox"/>	
053		Cell Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
054		Cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	<input type="checkbox"/>	<input type="checkbox"/>	
055		West Hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
056		Cell #5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	18	<input type="checkbox"/>	<input type="checkbox"/>	
057		Cell #6	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	<input type="checkbox"/>	<input type="checkbox"/>	
058		Cell #7	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input type="checkbox"/>	<input type="checkbox"/>	
059		East Cell Hallway	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2	<input type="checkbox"/>	<input type="checkbox"/>	
060		Cell #8	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	21	<input type="checkbox"/>	<input type="checkbox"/>	
061				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
062		SIGNALS		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
063				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
064		South Hall Office Area	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Bell/Strobe
065		S/W Hall Office	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Bell/Strobe
066		Jail Cell Garage	B/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Bell/Strobe
067		Jail Cell Hallway	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Horn/Strobe
068		Outside Washrooms	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Horn/Strobe
069		Hallway To Parking Garage	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Horn/Strobe
070		Parking Garage	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Horn/Strobe
071		Basement Hallway	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Horn/Strobe
072		Mech Room	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	Horn/Strobe
073				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
074				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
075				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Faulty Bell In Cell Garage Replaced It With A Mircom 10" 24vdc Bell



Customer: RCMP - High Prairie
Building: 5400-53 Ave High Prairie, AB
Contact: Office
This inspection is:

Inspection Date: September 3, 2013
Inspector: Brad O'Hara
Phone/Fax: 780-523-3370
weekly monthly annual

1 General

Table with 4 columns: Annual Inspection Items, Y, N, N/A. Rows include questions about building occupancy, sprinkler system extensions, occupancy changes, fire protection system changes, fire pump testing, sprinkler head age, clearance, wet system heating, backflows, and system operation.

Table with 4 columns: Fifth year Inspection Items, Y, N, N/A. Rows include questions about interior of alarm/dry pipe/pre-act/deluge valves and interior of check valves/strainers/filters/restricted orifices.

2 Control Valves

Table with 4 columns: Weekly Inspection Items, Y, N, N/A. Rows include questions about sprinkler main control and auxiliary valves, and control valves locked or supervised.

Table with 4 columns: Quarterly inspection Items, Y, N, N/A. Row includes question about pressure reducing/regulating devices operating properly.

3 Water Supply Flow Test

Table with 4 columns: Annual Inspection Items, Y, N, N/A. Rows include questions about main drain proper size for riser, static pressure recorded (90psi), and residual pressure recorded (85psi).

4 Sprinklers & Piping

Annual Inspection Items	Y	N	N/A
a) Sprinklers appear to be in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Sprinklers free of corrosion, paint and/or visible obstruction?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Extra sprinklers and sprinkler wrench are on site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Condition of piping, drain valves and hangers satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Sprinklers appear to be the correct temperature rating for their locations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Sprinklers in range hood protection have been replaced in the last year?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Fifth year inspection items	Y	N	N/A
a) Gauges have been calibrated with a test gauge?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5 Tanks, Pumps & Fire Dept. Connections

Weekly Inspection Items	Y	N	N/A
a) All gravity, surface, pressure tanks appear in good external condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) All gravity, surface, pressure tanks at proper temperature?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) All fire pumps, booster pumps and jockey pumps appear in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monthly Inspection Items	Y	N	N/A
a) all gravity, surface, pressure tanks at proper pressure/water level?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Fire Dept. connections in satisfactory condition; couplings free, caps/plugs in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Fire Dept. connections visible and accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6 Wet Systems

Monthly inspection items	Y	N	N/A
a) Wet system gauges showing pressures in normal range?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Annual Inspection Items	Y	N	N/A
a) Quantity, size, model of alarm valves:			<input type="checkbox"/>
b) Quantity, size, model of flow switches:			<input type="checkbox"/>
c) The following glycol loops were tested this date:			
Location		Temperature	
1.		°C	
2.		°C	
3.		°C	
4.		°C	
d) Alarm valves and excess pressure pumps operated properly when tested	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Quantity, model, manual/automatic excess pressure pump:			<input checked="" type="checkbox"/>

1-2" Potter VSR

7 Dry Systems

Weekly Inspection Items	Y	N	N/A
a) Dry pipe house temperature at 40 F?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Monthly Inspection Items	Y	N	N/A
a) Dry system gauges showing pressures in normal range?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Annual Inspection Items	Y	N	N/A
a) Quantity, size, model of dry pipe/preact valves			
b) Air/nitrogen supply in operation and able to restore system in 30 min?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Compressor oil level in operable range?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d) Low points drained during inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e) Dry pipe/preact valves and compressors operated properly when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f) Quick opening device operated properly when tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g) Dry pipe/preact valve trip tested (control valve partially open)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
h) Piping at entry to freezer checked for ice formation?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
i) Did customer inform you of low point drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Third year Inspection Items	Y	N	N/A
a) Dry pipe/preact valve trip tested (control valve fully open)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Date of previous trip test			

8 Trip Test Results (see supplementary report)

City Water Pressure	Air pressure before trip	Air pressure at trip	Time to trip	Time for water to reach test conn. (max 60sec)	Quick opening device present
					No

9 Alarms

Quarterly Inspection Items	Y	N	N/A
a) Water motor gong operated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b) Electric bell operated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c) Fire panel received all alarms from sprinkler devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Fire panel received all supervisory signals from sprinkler devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) All flow switches activated by flowing water at inspectors test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Make and model of fire alarm panel			
			Mirtone 7532
There is a fire pump present - see Fire Pump Report	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is a stand pipe present	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
There is/are backflow(s) present - see Backflow Report(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10 Deficiencies

3 esch cups missing from the institution style heads but they are older and we may not be able to replace them.

11 Remarks

Sprinklers are only in the cell area and are the tamper proof institutional heads.

Inspectors signature: _____



Cross Connection Control
 2000 - 10423 101 Street NW
 Edmonton, AB T5H 0E8
 Phone: (780) 412-7840
 Fax: (780) 412-7835
 epcorwaterCCC@epcor.com

BACKFLOW PREVENTION ASSEMBLY TEST REPORT

EPCOR Water Services

Facility Name: **RCMP - High Prairie**

Service Address: **5400 - 53 Avenue High Prairie, AB** Postal Code:

Owner / Customer: **SNC Lavalin O & M Inc.** Initial Test Annual Test Repair Test

Owner's Contact Name: **George Mejia** Is this a replacement? Yes No
(If YES please include information for existing AND replacement assembly)

Owner's Address: **Suite 610, 22 Sir Winston Churchill Avenue St. Albert, AB** Remarks: (Reason for installation, test, repair, etc.)

Postal Code: **T8N 1B4**

Telephone # **780-458-4475** Fax # **780-458-2571**

Assembly Location: **Basment Mech Room**

Premises-Isolating Assembly Zone Assembly Fixture Assembly

Protection Type: Domestic Fire Irrigation
 Other (please specify)

TEST	REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)										
	STATIC INLET LINE PRESSURE AT TIME OF TEST 60 Psi										
	A Static Pressure Drop Across Check Valve No. 1 A Psi		B Opening Point of Relief Valve - (Must be 2 Psi or greater) - B Psi		C Buffer (must be 3 psi or greater) A - B = C = C Psi						
	Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test	PVB/SRPVB	Shut Off Valves	Air Gap					
	<input checked="" type="checkbox"/> Closed Tight <small>Pressure Drop Across Check Valve No. 1</small> Held at 3.8 PSID (REQUIRED)	<input checked="" type="checkbox"/> Closed Tight <small>Pressure Drop Across Check Valve No. 2</small> Held at 1.9 PSID (REQUIRED)	Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater	<input type="checkbox"/> Air Inlet Opened at _____ PSID	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>Closed Tight</td><td><input checked="" type="checkbox"/> #1</td><td><input checked="" type="checkbox"/> #2</td></tr> <tr><td>Leaked</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	Closed Tight	<input checked="" type="checkbox"/> #1	<input checked="" type="checkbox"/> #2	Leaked	<input type="checkbox"/>	<input type="checkbox"/>
Closed Tight	<input checked="" type="checkbox"/> #1	<input checked="" type="checkbox"/> #2									
Leaked	<input type="checkbox"/>	<input type="checkbox"/>									
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Failed to Open								

PASSED
 FAILED

If the device failed the initial test for any reason, complete the Retest sections below

REPAIRS	REDUCED PRESSURE (R.P.) OR DOUBLE CHECK VALVE ASSEMBLY (D.C.V.A.)													
	STATIC INLET LINE PRESSURE AT TIME OF TEST Psi													
	A Static Pressure Drop Across Check Valve No. 1 A Psi		B Opening Point of Relief Valve - (must be 2 psi or greater) - B Psi		C Buffer (must be 3 psi or greater) A - B = C = C Psi									
	Check Valve No. 1	Check Valve No. 2	RP Relief Valve Test	PVB/SRPVB	Shut Off Valves	Air Gap								
<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Disc <input type="checkbox"/> Spring <input type="checkbox"/> Guide <input type="checkbox"/> Seat <input type="checkbox"/> Hinge Pin <input type="checkbox"/> O-Ring(s) <input type="checkbox"/> Module	Opened at _____ PSID Must be 13.79 kPa (2 psi) or greater	<input type="checkbox"/> CLEANED <input type="checkbox"/> REPLACED <input type="checkbox"/> Air Inlet Disc <input type="checkbox"/> Air Inlet Spring <input type="checkbox"/> Check Disc <input type="checkbox"/> Check Spring <input type="checkbox"/> Float <input type="checkbox"/> Diaphragm	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td>CLEANED</td><td><input type="checkbox"/> #1</td><td><input type="checkbox"/> #2</td></tr> <tr><td>REPAIRED</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>REPLACED</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </table>	CLEANED	<input type="checkbox"/> #1	<input type="checkbox"/> #2	REPAIRED	<input type="checkbox"/>	<input type="checkbox"/>	REPLACED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Annual Inspection <input type="checkbox"/> Meets Definition of Approved Air Gap
CLEANED	<input type="checkbox"/> #1	<input type="checkbox"/> #2												
REPAIRED	<input type="checkbox"/>	<input type="checkbox"/>												
REPLACED	<input type="checkbox"/>	<input type="checkbox"/>												
<input type="checkbox"/> Leaked	<input type="checkbox"/> Leaked	<input type="checkbox"/> Failed to Open	<input type="checkbox"/> Failed to Open											

PASSED
 FAILED

Remarks: (Reason for failure and additional actions taken to repair, etc.)

THE ABOVE REPORT IS CERTIFIED TO BE TRUE: *Brad O'Hara*
 (Signature of Tester - I certify the above device has been tested in accordance with the Canadian AWWA Cross Connection Control Manual)

Tester's Name: Brad O'Hara	AWWA Certificate No.: 11233	Company Name: Levitt Safety	Tester's Address: 460675	Date of Test: Sept 3, 2013	Tester's Phone #: 780-461-8088
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FIRE PROTECTION
SYSTEMS

EMERGENCY LIGHTING INSPECTION REPORT

Pg 1 of 2

Customer: RCMP - High Prairie
Address: 5400 - 53 Avenue
High Prairie, AB

Date: Sept 3, 2013
Contact Name: Office
Phone: 780-523-3370
Technician: Jamey Leece
L/R #: 5273684

Item #	Location	Device	# Of Heads	Status Pass/Fail	Service/ Comments
	Front Entrance	Exit	0	PASS	
	Front Entrance	REM	1	PASS	
	Reception Desk	REM	2	PASS	
	Reception Desk	Exit	0	PASS	
	Hallway To Cells	REM	1	PASS	
	Hallway To Cells	REM	1	PASS	
	Jail Storage Room	PAK	2	PASS	
	Guards Desk	REM	1	PASS	
	Cell Hallway To Garage	REM	1	FAIL	Replaced bulbs
	Cell Hallway East	REM	1	PASS	
	Cell Hallway Centre	REM	1	PASS	
	Cell Hallway West	REM	1	PASS	
	Cell Exit To Garage	REM	0	PASS	
	Secure Garage	Exit	0	PASS	
	Secure Garage	REM	1	FAIL	Replaced bulbs
	Cell Hallway	Exit	0	PASS	
	Cell Exit To Office	Exit	0	PASS	
	Office File Room	PAK	2	PASS	
	Office Area	REM	1	PASS	
	Office Area	Exit	0	PASS	
	Office Exit to Outside	Exit	0	PASS	x2
	Office Hallway To Basement	REM	1	PASS	
	Office Hallway To Basement	REM	2	PASS	
	Weight Room	PAK	2	PASS	
	Main Garage	REM	1	PASS	
	Main Garage	Exit	0	PASS	
	Outside Of Weight Room	REM	1	PASS	
	Bottom Of Basement Stairs	REM	1	PASS	
	Server Room	REM	1	PASS	
	Basement Hallway	REM	1	PASS	

INSPECTION RECOMMENDATIONS AS PER NFPA-10 / COMMENTS
Deficiencies completed January 2014

PAK - Pack REM - Remote Comb - Combination Unit



FIRE PROTECTION
SYSTEMS

Levitt Safety Ltd. 9241 - 48 Street Edmonton, Alberta T6B 2R9
Phone: (780) 461-8088
Fax: (780) 489-0597
Toll free (888) 453-8488 www.levitt-safety.com



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Janvier
Address: 12 Northland Drive
Janvier, AB
Contact Person: Office
Phone: 780-559-2111 Date: Sept 23, 2013
L/R #: 5273883
Manufacturer: Edwards
Model No: Quick Start

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input checked="" type="checkbox"/>	<input type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Accessory Devices.

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2 x 12v x 11ah		
27.26		
85%,85%		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
--------------------------	-------------------------------------	--------------------------

Fire Alarm Inspection Records

Building Name: RCMP - Janvier

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Front Entrance	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		Front Vestibule	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1	<input type="checkbox"/>	<input type="checkbox"/>	
003		Furnace Hot Water Room	RHT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		Main Office Front Desk	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		Hall By Washroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		Hall By Washroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		Hall By Cells	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		Secure Exhibit Storage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		Overnight Exhibit Storage	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		Lan Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		Exit By Washroom	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
015				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
016				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
017				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
018				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
019				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
020				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
021				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
022				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
023				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
024				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
025				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION SYSTEMS

ANNUAL FIRE ALARM INSPECTION AND TEST REPORT

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Jasper
Address: 600 Pyramid Lake Road
Jasper, AB
Contact Person: Office
Phone: 780-852-4421 Date: September 18, 2013
L/R #: 5273690
Manufacturer: Edwards
Model No: EST Quickstart

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: 10:00 AM
Time Back in Service: 1:00 PM

2 - Monitoring Company: NONE
Name of Employee:

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) _____
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD
Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay Minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

Battery Type
 Battery Voltage (AC Power On)
 Battery Voltage (AC Power Off - Supervisory Condition)
 Battery Voltage (AC Power Off - General Alarm Condition)
 Battery Charging Current
 Battery Inspected for Physical Damage
 Battery Terminals Cleaned and Lubricated
 Battery Terminals Clamped Tightly

YES	NO	N/A
2x12vx13ah		
27.3		
27		
80%,80%		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMOTE TROUBLE UNIT

Trouble Lamp
 Trouble Signal

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

ANNUNCIATOR TESTS

Annunciator Alarm Lamp Operation (Individually Tested)
 Annunciator Alarm Lamp Designation Tested
 Trouble Lamp
 Trouble Signal
 Power On Lamp
 Lamp Test
 Lamp Supervision
 Signal Silence Lamp
 Annunciator (Auxiliary Function)
 Cleanliness

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER TEST CHECKLIST

Reconnect Auxiliary Functions (Off site connections)
 Reconnect Auxiliary Functions
 Reconnect Time Limit Cutouts

 Reconnect Signal Power
 Advise Bldg Management Work Completed
 Advise Monitoring Company Work Completed

 Ensure that the Fire Alarm System is Functional

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Jasper

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		Electrical Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-067
002		Public Washroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-020
003		Public Lobby	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-017
004		General Office	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-127
005		Public Interview Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-016
006		Commanders Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-008
007		Office West	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-007
008		General Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-006
009		North Office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-005
010		North Corridor By File Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-004
011		Janitor Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-012
012		File Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-013
013		LunchRoom	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-014
014		North Corridor By Coat Rack	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-003
015		North Vestibule	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-002
016		North Vestibule	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-126
017		Residence Corridor East	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-056
018		Exercise Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-057
019		Common Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-066
020		Residence Corridor Centre	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-065
021		Storage Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-058
022		Single Res #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-064
023		Locker Room	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-059
024		Residence Corridor West	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-063
025		Single Corridor N/W	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-062

Comments:

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name RCMP - Jasper

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
026		Residence Exit	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-060
027		Residence Exit	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-131
028		Prisoner Room #37	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-054
029		Guards Washroom	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-053
030		Secure Interview Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-050
031		Booking Room	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-130
032		Prisoner Effects	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-052
033		Secure Bay	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-049
034		Cell #1	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-031
035		Cell #2	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-033
036		Patrol Corridor Door	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-048
037		Cell #3	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-035
038		Cell #5	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-028
039		Matron Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-047
040		Cell #4	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-026
041		Visitor Room	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-009
042		Garage 25 South	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-021
043		Garage 25 South	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	D-128
044				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
045				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
046				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
047				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
048				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
049				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
050				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

Fire Alarm Inspection Records

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- C. Requires Service or Repair
- D. Alarm Operation Confirmed
- E. Circuit / Zone Number
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- G. Supervision of Wiring to Devices

Building Name RCMP - Jasper

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
051				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
052		SIGNALS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
053				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
054		Front Lobby	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
055		Main Office Area	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
056		Halway By Fileroom	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
057		Residence Hallway	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
058		Residence Hallway Near Exit	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
059		Guards Desk	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
060		Booking Room	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
061		In Cell Hallway	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
062				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
063				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
064				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
065				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
066				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
067				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
068				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
069				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
070				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
071				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
072				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
073				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
074				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
075				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:



FIRE PROTECTION
SYSTEMS

EMERGENCY LIGHTING INSPECTION REPORT

Pg 1 of 1

Customer: RCMP - Jasper
Address: 600 Pyramid Lake Road
Jasper, AB

Date: Sept 18, 2013
Contact Name: Office
Phone: 780-852-4421
Technician: Jamey Leece
L/R #: 5273690

Item #	Location	Device	# Of Heads	Status Pass/Fail	Service/ Comments
	Residence Corridor	PAK	2	PASS	
	Residence Corridor Centre	REM	2	PASS	
	Residence Corridor Centre	EXIT	0	PASS	
	Laundry Room	REM	1	PASS	
	Residence Corridor By Exit	REM	2	PASS	
	Residence Corridor By Exit	EXIT	0	PASS	
	By Electrical Room	REM	1	PASS	
	By Electrical Room	EXIT	0	PASS	
	Hall By Kitchen	REM	1	PASS	
	Hall By Kitchen	EXIT	0	PASS	
	Hall By Womens Washroom	REM	2	PASS	
	Office Hallway To Residence	EXIT	0	PASS	
	By Front Reception	REM	2	PASS	Up High
	By Front Reception	REM	2	PASS	Up High
	General Office Area	EXIT	0	PASS	x2
	Front Door	REM	1	PASS	
	Front Door	EXIT	0	PASS	
	Hallway To Garage	REM	2	PASS	
	Front Lobby	PAK	2	PASS	
	Garage	REM	2	PASS	
	Hallway To Cells	REM	1	PASS	
	Guards Desk	EXIT	0	PASS	
	Guard Room Exit To Office	REM	1	PASS	
	Above Guards Desk	REM	2	PASS	
	Secure Garage	REM	2	PASS	
	Booking Room Exit	EXIT	0	PASS	
	Booking Room	REM	2	PASS	
	Prisoner Cell Hallway	REM	1	PASS	
	Prisoner Cell Hallway	REM	2	PASS	

INSPECTION RECOMMENDATIONS AS PER NFPA-10 / COMMENTS

PAK - Pack REM - Remote Comb - Combination Unit



FIRE PROTECTION
SYSTEMS

Levitt Safety Ltd. 9241 - 48 Street Edmonton, Alberta T6B 2R9
Phone: (780) 461-8088
Fax: (780) 489-0597
Toll free (888) 453-8488 www.levitt-safety.com



FIRE PROTECTION
SYSTEMS

**ANNUAL FIRE ALARM INSPECTION
AND TEST REPORT**

9241 - 48 Street
Edmonton, AB
Ph: (780)461-8088
Fax: (780)461-8371

Name of Company: RCMP - Kitscoty
Address: 5010 - 50 Street
Kitscoty, AB
Contact Person: Office
Phone: 780-846-2870 Date: Sept 18, 2013
L/R #: 5273693
Manufacturer: Edwards
Model No: Quick start

Single Stage: Two Stage: AC System: Addressable:

Summary:

	YES	NO
The Fire Alarm system is now fully functional.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
The Fire Alarm system has minor deficiencies noted on attached pages.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system has major deficiencies noted on attached pages	<input type="checkbox"/>	<input checked="" type="checkbox"/>
A copy of this report has been given to building representative or owner.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
The Fire Alarm system functioned correctly under general alarm.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Note: If the Fire Alarm system does not have a control panel is electrical breaker marked?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Note: These test results must be kept for a minimum of at least 2 years.

PRE-TEST CHECK LIST

1 - Fire Department called:

Time Out of Service: _____
Time Back in Service: _____

2 - Monitoring Company: _____
Name of Employee: _____

	YES	NO	N/A
3 - Does the panel have functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 - Have building occupants been made aware of Fire Alarm testing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 - Has a pre-determined time been established for testing signalling devices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 - Have provisions been made for access to secured areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ancillary Devices:

- A) FAN SHUTDOWN
- B) _____
- C) _____
- D) _____
- E) _____

CONTROL EQUIPMENT TEST RECORD

Every line must have the appropriate marking on the line provided

	YES	NO	N/A
Power on Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Silence Switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AC Power Failure Trouble	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Alarm Automatic Cutout Timer <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2nd Stage Time Delay <u>Minutes</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Interconnection to Monitoring Company Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit 1 Minute	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Initiating Circuit Individually Tested for Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Lamp Operation (Individually Tested)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Operated on AC Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Audible Alarm Signals Circuits Operate on General Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Backup or Emergency Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Voice Paging Interface Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Trouble Lamps (Initiating Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Lamps (Signal Circuits)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamps Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plug in Components Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Lock	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BATTERY TESTS

YES	NO	N/A
2 x 12v x 18.0ah		
26.05		
25.81		
25.02		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Battery Type
- Battery Voltage (AC Power On)
- Battery Voltage (AC Power Off - Supervisory Condition)
- Battery Voltage (AC Power Off - General Alarm Condition)
- Battery Charging Current
- Battery Inspected for Physical Damage
- Battery Terminals Cleaned and Lubricated
- Battery Terminals Clamped Tightly

REMOTE TROUBLE UNIT

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Trouble Lamp
- Trouble Signal

ANNUNCIATOR TESTS

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Annunciator Alarm Lamp Operation (Individually Tested)
- Annunciator Alarm Lamp Designation Tested
- Trouble Lamp
- Trouble Signal
- Power On Lamp
- Lamp Test
- Lamp Supervision
- Signal Silence Lamp
- Annunciator (Auxiliary Function)
- Cleanliness

AFTER TEST CHECKLIST

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Reconnect Auxiliary Functions (Off site connections)
- Reconnect Auxiliary Functions
- Reconnect Time Limit Cutouts
- Reconnect Signal Power
- Advise Bldg Management Work Completed
- Advise Monitoring Company Work Completed
- Ensure that the Fire Alarm System is Functional

DEVICE LEGEND

DEVICE

Description / Type / Model

(M) Manual Pull Station	EDWARDS SIGA SERIES
(HT) Heat Detector Fixed Temp	EDWARDS SIGA SERIES
(RHT) Heat Detector Rate of Rise	EDWARDS SIGA SERIES
(S) Smoke	EDWARDS SIGA SERIES
(DS) Duct Smoke Detector	
(FS) Sprinkler Flow Switch	
(TS) Sprinkler Tamper Switch	
(SA) Smoke Alarm Single Stage	
(B) Alarm Bell	
(V) Visual Alarm (Strobe)	EDWARDS COMBO
(K) Horn (Klaxon Type)	EDWARDS COMBO
(C) Alarm Chime	
(LSP) Loudspeaker	
(HLSP) Horn Loudspeaker	
(FPH) Firefighters Telephone	
(AD) Ancillary Devices	
(APS) Alarm Pressure Switch	
(LPS) Low Pressure Switch	
Other Devices (Please be Specific)	

Remarks:

Technician: Brent Maslyk

Deficiencies 2013
The fire panel shows 5 troubles, to clear them edwards will need to remove the dialer from the system, the fire panel shows missing phone lines.

Fire Alarm Inspection Records

- A. Correctly Installed
- B. Missing
- C. Requires Service or Repair
- D. Annunciation/Alarm Operation Confirmed
- E. Circuit / Zone Number
- F. Annunciator Indication
- G. Supervision of Wiring to Devices

Building Name: RCMP - Kitscoty

Line	Item #	Location	Device	A	B	C	D	E	F	G	Remarks
001		114 guard rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	27	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
002		118 cold storage	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	26	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
003		117 secure bay	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	25	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
004		117 secure bay	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	129	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
005		114 guard rm	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	128	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
006		116 cell	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	31	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
007		113 patrol hall	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	28	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
008		105 lunch rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
009		B06 top of stairs	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
010		110 mens wash rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	22	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
011		102 interview rm	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	20	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
012		103 admin	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	19	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
013		106 office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	13	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
014		107 office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	14	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
015		103 admin	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	127	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
016		B03 exersize rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	8	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
017		B04 office	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
018		B03 exersize rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
019		Furnace rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
020		B01 electrical rm	HT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
021		Office	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
022		Cell	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
023		Secure bay	H/S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SIG	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
024		B03 exersize rm	M	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	126	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
025				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

Comments:

