

# Banff Fire and Safety

## Fire Alarm Inspection Report

**Customer:** ROYAL CANADIAN MOUNTED POLICE  
**BANFF DETACHMENT**

**Location:** 335 Lynx Street, Banff

**Date:** July 18, 2014 **Updated September 26, 2014**

**Contact:** SNC Lavalin - Stan (403) 888-3605

**Contact:** On-site -

**Inspected By:** Dennis Olsen/Paul Marinelli

**Make of Panel:** Edwards EST Quickstart

**Make of Smoke Detectors:** Edwards 6249C

**Make of Heat Detectors:** Edwards 283C

**Make of Alarm Pull Box:** Edwards 270-SPO

**Make of Alarm Signal:** Edwards 6" Bell

### Bell Zones

**Z1** ~ Entire Building C:2,D-15 **Z2** ~ Cell Area (only operates in General Alarm situation) C:2,D-16

### Zones

- |  |  |
|--|--|
| <b>C:2,D-1</b> ~ Cold Storage - Garage Bay | <b>C3:,D-2</b> ~ Basement                  |
| <b>C:2,D-2</b> ~ Cell Area                 | <b>C:3,D-3</b> ~ Cell 102                  |
| <b>C:2,D-2</b> ~ Secure Bay                | <b>C:3,D-4</b> ~ Prisoner Effects          |
| <b>C:2,D-3</b> ~ Interview Room            | <b>C:3,D-5</b> ~ Cell 107                  |
| <b>C:2,D-4</b> ~ Holding Cell 117          | <b>C:3,D-6</b> ~ Main Floor South          |
| <b>C:2,D-5</b> ~ Breathalyser Room         | <b>C:3,D-7</b> ~ Elevator Shaft            |
| <b>C:2,D-6</b> ~ Cell 103                  | <b>C:3,D-8</b> ~ SE Vestibule - Main Floor |
| <b>C:2,D-7</b> ~ Cell 104                  | <b>C:3,D-9</b> ~ Reception Area            |
| <b>C:2,D-8</b> ~ Cell 105                  | <b>C:3,D-10</b> ~ Emergency Generator Room |
| <b>C:2,D-9</b> ~ Cell 106                  | <b>C:3,D-11</b> ~ Mechanical Room          |
| <b>C:2,D-10</b> ~ Basement Telephone Room  | <b>C:3,D-12</b> ~ 2nd Floor Common Center  |
| <b>C:2,D-11</b> ~ Basement Electrical Room | <b>C:3,D-13</b> ~ West Stairs              |
| <b>C:2,D-12</b> ~ Air System HV2           | <b>C:3,D-14</b> ~ 2nd Floor                |
| <b>C:2,D-14</b> ~ General Alarm            | <b>C:3,D-15</b> ~ East Stairs              |
| <b>C:3,D-1</b> ~ Cell 101                  | <b>C:3,D-16</b> ~ Air System HV1           |

EOL:	LOCATION:	DEVICE:	ZONE:	OPERATION:	COMMENTS:
✓✓	Basement Exit Hall	Pull / G.A.	C:3,D-10	OK	Replaced device - Sept'14
	Basement Exit Hall	Fixed Heat	C:3,D-10	OK	
	Basement Telephone Room	Smoke	C:2,D-10	OK	Replaced device - Sept'14
	Basement Exit Hallway	Fixed Heat	C:3,D-10	OK	
	Basement Gas Meter Room	Fixed Heat	C:3,D-10	OK	
	Basement Hallway	Bell		OK	
	Basement Storage	Fixed Heat	C:3,D-10	OK	
	Basement Electrical Room	Smoke	C:2,D-11	OK	Replaced device - Sept'14
	Emergency Generator Rm	Fixed Heat	C:3,D-10	OK	

	Emergency Generator Rm	Fixed Heat	C:3,D-10	OK	in hallway
	Emergency Generator Rm	Fixed Heat	C:3,D-10	OK	in hallway
	Elevator Shaft	Fixed Heat		OK	
	Basement Mechanical Rm	Bell		OK	
✓	Basement Mechanical Rm	Pull / G.A.	C:3,D-11	OK	
	Basement Mechanical Rm	Fixed Heat	C:3,D-11	OK	
	Basement Mechanical Rm	Fixed Heat	C:3,D-11	OK	
	Guard Lunchroom	Fixed Heat	C:2,D-3	OK	Panel says 'interview rm 118'
	Reception Area - Front Entrance	Pull / G.A.	C:3,D-9	OK	
	Reception Area - Front Entrance	Fixed Heat	C:3,D-9	OK	
	Reception Area - Front Entrance	Bell		OK	
	Reception Area - Front Entrance	Fixed Heat	C:3,D-9	OK	
	Reception Area - Front Entrance	Fixed Heat	C:3,D-9	OK	
	Cell Area Hallway	Smoke	C:3,D-2	OK	Replaced device - Sept'14 - By 112
	Cell Area Hallway	Smoke	C:3,D-2	OK	Replaced device - Sept'14
	Cell Area Hallway	Smoke	C:3,D-2	OK	Replaced device - Sept'14
	Cell Area Hallway	Smoke	C:3,D-2	OK	Replaced device - Sept'14
	By Shower 110	Bell		OK	operates only in 'General Alarm'
	By Shower 110	Smoke	C:3,D-2	OK	Replaced device - Sept'14
	By Shower 110	Smoke	C:3,D-2	OK	Replaced device - Sept'14
	Visitor Room	Fixed Heat	C:3,D-9	OK	
	Prisoner - Visitor Room	Fixed Heat	C:3,D-2	OK	
	Above Guards Desk	Fixed Heat	C:3,D-2	OK	
	By Guard's Desk	Pull / G.A.	C:3,D-2	OK	
	Guard Washroom	Fixed Heat	C:3,D-2	OK	
	Secure Bay	Pull / G.A.	C:3,D-2	OK	
	Secure Bay	Fixed Heat	C:3,D-2	OK	
	Breathalyser Room	Fixed Heat	C:2,D-5	OK	
	Cell 107	Smoke	C:3,D-5	OK	Replaced device - Sept'14
	Cell 117	Smoke	C:2,D-4	OK	Replaced device - Sept'14
	Interview Room	Fixed Heat	C3,D-9	OK	
	Prisoner Effects	Fixed Heat	C:3,D-4	OK	
	Spare				
	Cell 105	Smoke	C:2,D-8	OK	Replaced device - Sept'14
	Cell 106	Smoke	C:2,D-9	OK	Replaced device - Sept'14
	Cell 103	Smoke	C:2,D-6	OK	Replaced device - Sept'14
	Cell 104	Smoke	C:2,D-7	OK	Replaced device - Sept'14
	Cell 101	Smoke	C:3,D-1	OK	Replaced device - Sept'14
	Cell 102	Smoke	C:3,D-3	OK	Replaced device - Sept'14

	Brochure Storage	Fixed Heat	C:3,D-9	OK	
	By Fire Panel	Fixed Heat	C:3,D-9	OK	
	Cold Storage - Garage Bay	Fixed Heat	C:2,D-1	OK	
	Cold Storage - Garage Bay	Fixed Heat	C:2,D-1	OK	
	Cold Storage - Garage Bay	Fixed Heat	C:2,D-1	OK	
✓	Cold Storage - Garage Bay	Pull / G.A.	C:2,D-1	OK	
	Cold Storage - Garage Bay	Pull / G.A.	C:2,D-1	OK	
	Cold Storage - Garage Bay	Bell		OK	
	Main Floor South - Reception	Fixed Heat	C:3,D-9	OK	
	Main Floor South - Reception	Fixed Heat	C:3,D-9	OK	
	Main Floor South - Office Area	Fixed Heat	C:3,D-6	OK	
	Main Floor South - Office Area	Fixed Heat	C:3,D-6	OK	
	Main Floor South - Office Area	Fixed Heat	C:3,D-6	OK	
	Main Floor South - Office Area	Fixed Heat	C:3,D-6	OK	
	Main Floor South - Office Area	Fixed Heat	C:3,D-6	OK	
	Main Floor South - end of hall	Pull / G.A.	C:3,D-6	OK	
	Back W Stair Hallway	Fixed Heat	C:3,D-6	OK	
	Back W Stair Hallway	Fixed Heat	C:3,D-6	OK	
	Back W Stair Hallway	Pull / G.A.	C:3,D-6	OK	
	Supervisor Office	Fixed Heat	C:3,D-6	OK	
	Gen. Investigation	Fixed Heat	C:3,D-6	OK	
	Operation - NCO	Fixed Heat	C:3,D-6	OK	
	Stationary Storage	Fixed Heat	C:3,D-6	OK	
	File Room	Fixed Heat	C:3,D-6	OK	
	File Room	Fixed Heat	C:3,D-6	OK	
	File Room	Fixed Heat	C:3,D-6	OK	
	Gen. Investigation Room	Fixed Heat	C:3,D-6	OK	
	Gun Room	Fixed Heat	C:3,D-6	OK	
	Men's Washroom	Fixed Heat	C:3,D-6	OK	
	Men's Washroom	Fixed Heat	C:3,D-6	OK	
	Ladies Washroom	Fixed Heat	C:3,D-6	OK	
	Ladies Washroom	Fixed Heat	C:3,D-6	OK	
	Hallway 1st Floor	Bell		OK	
	Top of East Stairs	Smoke	C:3,D-15	OK	<b>Replaced device - Sept'14</b>
	Top of West Stairs	Smoke	C:3,D-13	OK	<b>Replaced device - Sept'14</b>
	Detach Commander Office	Fixed Heat	C:3,D-6	OK	
	Corporal Storage	Fixed Heat	C:3,D-6	OK	

CSI Room	Fixed Heat	C:3,D-6	OK	
Exhibit	Fixed Heat	C:3,D-6	OK	
Exhibit Room Storage	Fixed Heat	C:3,D-6	OK	
2nd Floor Computer Center	Pull / G.A.	C:3,D-12	OK	
2nd Floor Computer Center	Smoke	C:3,D-12	OK	Replaced device - Sept'14
2nd Floor Computer Center	Smoke	C:3,D-12	OK	Replaced device - Sept'14
2nd Floor Computer Center	Fixed Heat	C:3,D-12	OK	server room
2nd Floor - Elevator Lobby	Pull / G.A.	C:3,D-14	OK	
2nd Floor - Elevator Lobby	Fixed Heat	C:3,D-14	OK	
2nd Floor - Office	Fixed Heat	C:3,D-14	OK	
2nd Floor - Exercise / Locker Rm	Fixed Heat	C:3,D-14	OK	
2nd Floor - Exercise / Locker Rm	Fixed Heat	C:3,D-14	OK	
2nd Floor - Men's Locker Rm	Fixed Heat	C:3,D-14	OK	
Ladies Washroom	Fixed Heat	C:3,D-14	OK	
Men's Washroom	Fixed Heat	C:3,D-14	OK	
2nd Floor Hallway	Bell		OK	
2nd Floor Hallway	Fixed Heat	C:3,D-14	OK	
2nd Floor Hallway	Fixed Heat	C:3,D-14	OK	
2nd Floor - Telephone Rm	Fixed Heat	C:3,D-14	OK	
2nd Flr - Elevator Mechanical Rm	Fixed Heat	C:3,D-14	OK	
2nd Floor - Lunch Room	Fixed Heat	C:3,D-14	OK	
2nd Floor - Lunch Room	Fixed Heat	C:3,D-14	OK	
2nd Floor - Lunch Room	Fixed Heat	C:3,D-14	OK	
2nd Floor - Lunch Room	Fixed Heat	C:3,D-14	OK	
2nd Floor - Janitor	Fixed Heat	C:3,D-14	OK	
2nd Floor - end of hall	Pull / G.A.	C:3,D-14	OK	
Air System - HV1	Duct / Smoke	C:3,D-16	OK	located in Basement Mechanical Room
Air System - HV2	Duct / Smoke	C:3,D-12	OK	located in Basement Mechanical Room
SE Vestibule - Main Floor	Smoke	C:3,D-8	OK	entrance to upper levels Replaced device - Sept'14
SE Vestibule - Main Floor	Pull / G.A.	C:3,D-8	OK	entrance to upper levels
Bottom of Stairs Rear Stairs	Fixed Heat	C:3,D-6	OK	
Hallway Rear Stairwell	Fixed Heat	C:3,D-6	OK	

**Fire Dampers** - Check that all dampers are free to close (no obstructions) and in the open position

LOCATION:	DEVICE:	LOCATION	OPERATION	COMMENTS:
Evidence Storage Room	Damper	Ceiling	165°F	Open
Evidence Room	Damper	Wall	165°F	Open
Evidence Room Hallway	Damper	Wall	165°F	Open

**Door Mags**

LOCATION:	# of Devices	OPERATION	COMMENTS:
2nd Floor ~ Front Stairs	1	OK	
2nd Floor ~ Rear Stairs	1	OK	
2nd Floor ~ Elevator Lobby	1	OK	
Main Floor ~ Reception	2	OK	

<b>Annunciator:</b>	Location:	Guards Room
	Test:	OK
<b>Main Panel Power Supply Test:</b>	Circuit Breaker Location:	Bsmnt Elec Rm - Panel Z #CCT 17
	Circuit Breaker Model:	Federal Pioneer
	Protected:	YES
	Locked and Red:	YES
<b>Main Panel Batteries Test:</b>	Damage?	NO
	Protected?	YES
	Ventilated?	YES
	Fused Charging Tested at:	<b>NEW</b>
	Load Cycle Tested to:	<b>NEW</b>
	Battery Date	2014
	Battery Size	(2) 12volt 18amp
<b>Control Panel:</b>	Functioning:	OK
	Lamps/Indicators:	OK
	Supervisory:	OK
<b>Security Monitoring:</b>	System Monitored:	YES
	Security Company	Reliance Protection Security
	Contact Number	1-800-653-9111
	Password	N/A

**Comments:**

1. Supplied and installed (2) batteries for main fire panel.
2. The emergency light packs were tested. Please see individual report.
3. As a building owner or property manager, we recommend that you conduct a monthly fire alarm test as per CAN/ULC - 5536 - 04 4.2.1. "While on the emergency power supply, inspect and test the fire alarm system monthly to confirm it is operating properly." Should you require assistance or training to perform this task, please call our office for further information.
4. Bell by shower 110 rings on general alarm only. Aux disconnect bypasses relays.
5. Relay shuts down MUA & Fire Doors. Relay R1 and R4.
6. Basement electrical room and basement mechanical room are now on the same zone. We recommend that these areas be put back on separate zones as originally designed.
7. There are (20) smoke detectors that are over 10 years old and require replacement as per manufacturer's recommendation. Please see report for locations. **Completed September 2014**

**Deficiencies:**

1. There is (1) smoke detector in the cell area hallway that does operate, but is visibly damaged and requires replacement. **Completed September 2014**

s/c Oct 5, 2014: Called by Banff Dispatch at 7pm regarding fire panel in alarm and unable to reset. Upon arrival, found damaged fixed heat detector located in 2nd Floor Hall. Supplied and installed (1) new fixed heat detector. System was reset. fire panel clear upon departure.

The fire alarm system, located at **R.C.M.P. - BANFF DETACHMENT**, has been tested in accordance with CAN/ULC-S536-04 on **July 18, 2014**. The above report clearly defines items that are satisfactory as well as identifying deficiencies. All deficiencies must be corrected for the system to be certified.

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Signature of Inspector:

Dennis Olsen/Paul Marinelli

18-Jul-14

PKX4413/996796

## Inspection and Testing of Fire Alarm Systems

 <b>Centratech Technical Services Ltd</b> # 1 – 7644 – 49 <sup>th</sup> Ave Red Deer, Alberta	Date of Service: July 14, 2014	Time: 9:00 am	
	Annual Inspection <b>YES</b>		Last Service Date July 2013
	Single Stage <b>YES</b> Addressable	Two Stage <b>NA</b>	Direct Connection <b>None</b>
	Manufacturer: EST I 0500		Model: Fire shield
Building Name: K302 R.C.M.P Detachment	Contact Person: Stan Scott	Phone: Fax:	
Address: 5107 – 52 <sup>nd</sup> street	Owner:	Phone: 780-372-3793 Fax:	
City: Bashaw, AB	Postal Code: T0B 0H0	Fire Signal Receiving Centre: 1-800-653-9111 Golden	
		Phone:	Fax:

“Yes”- Acceptable “No” - Unacceptable (Explain No answers in comments)

Yes	No	Summary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The entire fire alarm system has been inspected and tested in accordance with CAN/ULC S536
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The fire alarm system documentation is on site and includes a description of the system.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The fire alarm system is fully functional.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The fire alarm system has deficiencies noted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A copy of this report is given to the Owner or the owner's representative.

	Technicians After-test Checklist
<input checked="" type="checkbox"/>	Reconnect time limit cutouts?
<input checked="" type="checkbox"/>	Reconnect ancillary functions?
<input type="checkbox"/>	Reconnect ancillary functions (off site connections)?
<input checked="" type="checkbox"/>	Reconnect signal power?
<input checked="" type="checkbox"/>	Advise fire department the testing is completed?
<input checked="" type="checkbox"/>	Ensure that the alarm system is functional?

### Comments

System in good working order. Tested on battery backup.

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I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
Korey Campbell CFA 11-996672	July 14, 2014	9:00 am	
Technician	Date	Time	Owner or Authorized Agent

## Inspection and Testing of Fire Alarm Systems

Date July 14, 2014

Building Name: K302 Bashaw R.C.M.P

“Yes” - Tested correctly “No” - Did not test correctly (Explain NO answers in comments) “NA” Not applicable

<p><b>2.1 Control Unit or Transponder Tests</b></p> <p><u>yes</u> Power on visual indicator operates.</p> <p><u>yes</u> Common visual trouble signal operates.</p> <p><u>yes</u> Common audible trouble signal operates.</p> <p><u>yes</u> Trouble signal silence switch operates.</p> <p><u>yes</u> Main Power supply failure trouble signal operates.</p> <p><u>yes</u> Ground fault tested on positive and negative trouble signal</p> <p><u>Na</u> Alert signal operation operates.</p> <p><u>yes</u> Alarm signal operation operates.</p> <p><u>Na</u> Automatic transfer from alert to alarm signal operates.</p> <p><u>Na</u> Manual transfer from alert signal to alarm signal operates.</p> <p><u>Na</u> Auto transfer from alert to alarm signal cancel operates</p> <p><u>yes</u> Alarm signal silence inhibit function operates?</p> <p><u>yes</u> Alarm signal manual silence operates.</p> <p><u>yes</u> Alarm signal silence visual indication operates.</p> <p><u>yes</u> Alarm signal when silenced automatically reinitiates on subsequent alarm?</p> <p><u>na</u> Alarm signal silence automatic cut-out timer.</p> <p><u>yes</u> Audible visual and alert and alarm signals programmed and operate as per design &amp; specification. (app C)</p> <p><u>yes</u> Input circuit alarm and supervisory operation including audible and visual indication operates.</p> <p><u>yes</u> Input circuit supervision fault causes a trouble indication.</p> <p><u>yes</u> Output circuit alarm indicators operate.</p> <p><u>yes</u> Output circuit supervision fault causes a trouble indication.</p> <p><u>yes</u> Visual indicator test (lamp test).</p> <p><u>Na</u> Coded signal sequence operate not less than the required number of times and the correct alarm signal thereafter.</p> <p><u>Na</u> Coded signal sequences are not interrupted by subsequent alarms?</p> <p><u>yes</u> Ancillary circuit by-pass will result in a trouble signal.</p> <p><u>yes</u> Input circuit to output circuit operation including ancillary device circuits, for correct program operation as per design &amp; spec. (App “C”)</p> <p><u>yes</u> Fire alarm Reset operates.</p> <p><u>yes</u> Main power to emergency power supply transfer operates.</p> <p><u>Na</u> Status change confirmation (smoke detectors) verified</p> <p><u>yes</u> Receipt of alarm transmission to signal receiving center?</p> <p><u>Na</u> Receipt of supervisory trans to signal receiving center?</p> <p><u>yes</u> Receipt of trouble transmission to signal receiving center?</p> <p><u>Na</u> Operation of the fire signal receiving center disconnect results in a specific trouble indication at control unit?</p> <p><b>2.3 Control Unit or Transponder Inspection</b></p> <p><u>yes</u> Input circuit designations, correctly identified in relation to connected field devices</p> <p><u>yes</u> Output circuit designations correctly identified in relation to connected field devices.</p> <p><u>yes</u> Correct designations-common control functions / indicators</p> <p><u>yes</u> Plug-in components and modules securely in place?</p> <p><u>yes</u> Plug-in cables securely in place</p> <p><u>na</u> Record date, revision and version of Firmware &amp; software</p> <p>Date:    Rev:    Ver:</p> <p><u>yes</u> Clean and free of dust and dirt?</p> <p><u>yes</u> Fuses in accordance with MFGs specification?</p> <p>Control Unit or transponder lock functional?</p>	<p><u>yes</u> Termination points from wiring to field devices secure</p> <p><b>2.6 Annunciator &amp; Remote Trouble Test &amp; Inspection</b></p> <p><u>yes</u> Power on indicator operates.</p> <p><u>yes</u> Individual alarm and supervisory input zone clearly</p> <p><u>yes</u> Indicated and separately designated?</p> <p><u>yes</u> Individual alarm and supervisory zone labels identified.</p> <p><u>yes</u> Common trouble signal operates.</p> <p><u>yes</u> Visual indicator test - Lamp test operates.</p> <p><u>yes</u> Input wiring from control unit/transponder is supervised.</p> <p><u>yes</u> Alarm signal silence visual indicator operates.</p> <p><u>yes</u> Switches for ancillary function operate as per design.</p> <p><u>yes</u> Other ancillary function visual indicators operate.</p> <p><u>yes</u> Manual activation of alarm signal and indication operates.</p> <p><u>yes</u> Displays are visible in installed location operates?</p> <p><u>yes</u> Operates on emergency power?</p> <p><b>2.4 Power Supply Inspection</b></p> <p><u>yes</u> Fused with mfgs marked rating of the system?</p> <p><u>yes</u> Adequate to meet the requirements of the system?</p> <p><b>2.8 Remote Trouble Signal Unit Test and Inspection</b></p> <p><u>na</u> Input wiring form control/transponder is supervised.</p> <p><u>na</u> Visual trouble signal operates.</p> <p><u>na</u> Audible trouble signal operates.</p> <p><u>na</u> Audible trouble signal silence operates.</p> <p><b>2.5 Emergency Power Supply Test and Inspection</b></p> <p><u>yes</u> Correct battery type as recommend by manufacturer?</p> <p><u>yes</u> Correct rating as determined by battery calculations based on full system load?</p> <p><u>yes</u> Battery voltage main power on? <b>27.7 Vdc / 400 ma</b></p> <p><u>yes</u> Battery voltage and current with main power supply “off” and fire alarm in supervisory condition? Voltage <b>25.5 Vdc</b> Current <b>200 ma</b></p> <p><u>yes</u> Battery voltage and current with main power supply “off” and fire alarm in full load alarm condition? Voltage <b>25 Vdc</b> Current <b>400 ma</b></p> <p><u>yes</u> Charging current is <b>400 ma</b></p> <p><u>yes</u> Inspected for physical damage?</p> <p><u>yes</u> Terminal cleaned and lubricated?</p> <p><u>yes</u> Terminals clamped tightly.</p> <p><u>na</u> Correct Electrolyte level?</p> <p><u>na</u> Specific gravity within mfg specifications?</p> <p><u>no</u> Electrolyte leaks.</p> <p><u>yes</u> Adequately ventilated?</p> <p><u>yes</u> Battery mfg’s date code or in-service date</p> <p><u>yes</u> Disconnection causes trouble signal.</p> <p>Indicate type of Battery Test Performed?</p> <p>(1) supervisory load for 24h followed by full load operation.</p> <p>(2) silent test by using load resistor method -App F1</p> <p>(3) Silent accelerated test – App F2</p> <p><u>yes</u> (4) A battery capacity meter test App F3</p> <p>(5) In lieu of battery tests, Replace with new set having current date code, as per mfg</p> <p><u>na</u> Record calculated battery capacity App F4    A h</p> <p><u>yes</u> Record battery terminal voltage after tests <b>25.6 V dc</b></p> <p><u>yes</u> Battery voltage not less than 85% of its rating after tests.</p> <p><u>na</u> Generator provides power to the AC circuit for FA syst.</p>
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## Inspection and Testing of Fire Alarm Systems

Date July 14, 2014

Building Name: K302 Bashaw R.C.M.P

**“Yes” - Tested correctly “No” - Did not test correctly (Explain NO answers in comments) “NA” Not applicable**

<p><u>na</u> <b>2.5 Emergency Power Supply Test and Inspection</b> Trouble condition at the em gen shall result in an audible common trouble signal and a visual indication at the required annunciator?</p> <p><u>yes</u> <b>2.7 Annunciator or Sequential Displays</b> Power on indicator operates.</p> <p><u>yes</u> Individual alarm, supervisory zone indication operates.</p> <p><u>yes</u> ( Exception: operation of each individual alarm and supervisory zone indication, or lights the identical indicators at the other annunciators and sequential display) Specify method of confirmation</p> <p><u>yes</u> Minimum of 1 alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.</p> <p><u>yes</u> Individual alarm and supervisory zone labels identified.</p> <p><u>yes</u> Common trouble signal operates.</p> <p><u>yes</u> Visual indicator test (lamp test) operates.</p> <p><u>yes</u> Input wiring from control unit/transponder supervised</p> <p><u>yes</u> Alarm signal silence visual indicator operates.</p> <p><u>yes</u> Switches for ancillary function operate as per design.</p> <p><u>yes</u> Other ancillary functions visual indicators operate.</p> <p><u>yes</u> Manual activation of alarm signal and indication operate.</p> <p><u>yes</u> Displays are visible in installed location.</p> <p><b>2.9 Printer Testing</b></p> <p><u>na</u> Operation as per design and specification?</p> <p><u>na</u> Zone of each alarm initiating device is correctly printed.</p> <p><u>na</u> Rated voltage is present.</p> <p><b>2.10 Data Communication Link Test (DCL)</b></p> <p><u>na</u> Confirm that a trouble signal is receive at the control unit or transponder under an open loop fault for each DCL</p> <p><u>na</u> Where fault isolation modules are installed in DCL serving field devices, wiring shall be shorted on the isolated side, annunciation of the fault confirmed, and then a field device on the source side shall be operated, and activation confirmed at the control unit or transponder.</p> <p><u>na</u> Where a fault isolation in DCL is provided between control units/transponders and between</p> <p><u>na</u> Transponders, introduce a short circuit fault and confirm Continued.....</p>	<p>Annunciation of the fault and operation outside the shorted section between each pair of :</p> <p><u>na</u> (i) Control unit to control unit</p> <p><u>na</u> (ii) Control unit to transponder</p> <p><u>na</u> (iii)Transponder to transponder</p> <p><b>2.2 Voice Communication Inspection/Tests</b></p> <p><u>na</u> Power “ON” operates?</p> <p><u>na</u> Common visual trouble signal operates.</p> <p><u>na</u> Common audible trouble signal operates.</p> <p><u>na</u> Trouble signal silence switch operates.</p> <p><u>na</u> All call voice paging including visual indicator operates? Output circuits for selective voice paging including visual indication operates.</p> <p><u>na</u> Output circuits for selective voice paging trouble operation including visual indication operates.</p> <p><u>na</u> Microphone including press to talk switch operates.</p> <p><u>na</u> Operation of voice paging does interfere with initial inhibit time of alert and alarm signal?</p> <p><u>na</u> All call voice paging operates on emergency power?</p> <p><u>na</u> Upon failure of one amplifier, system automatically transfers to backup amplifier.</p> <p><u>na</u> Circuits for emergency telephone call in operation including audible and visual indication operates</p> <p><u>na</u> Circuits for emergency telephone for operation, including two way voice communication operates.</p> <p><u>na</u> Circuits for emergency telephones trouble operation including visual indication operates.</p> <p><u>na</u> Emergency telephone verbal communication operates.</p> <p><u>na</u> Emergency telephone operable or in-use tone at handset.</p> <p><b>2.11 Ancillary Device Circuit Test</b></p> <p><u>yes</u> Circuit HVAC shut down</p> <p><u>na</u> Circuit confirmed</p> <p><u>na</u> Circuit confirmed</p> <p><u>na</u> Circuit confirmed</p>
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**Additional Comments:**

**Annunciator panel in guard room needs a pass code to work.**

## Inspection and Testing of Fire Alarm Systems Individual Device Record

Date July 14, 2014	Building Name: K302 Bashaw R.C.M.P
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A. Correctly installed.	D. Annunciator indication confirmed.
B. Requires Service, Repairs, missing, or cleaning	E. Zone circuit number or address
C. Alarm operation confirmed	

“Y” - Acceptable “N” – Unacceptable (Explain NO answers in comments) “NA” Not applicable

Device	Location	A	B	C	D	E	Remarks
M	Front entrance	Y	NA	Y	Y	Y	
S	Front entrance	Y	NA	Y	Y	Y	
S	Bullpen 104 north	Y	NA	Y	Y	Y	
S	Bullpen 104 south	Y	NA	Y	Y	Y	
S	Sergeants office	Y	NA	Y	Y	Y	
S	Secretaries office	Y	NA	Y	Y	Y	
S	File room 115	Y	NA	Y	Y	Y	
S	Office hall 114	Y	NA	Y	Y	Y	
S	Hall way 125 N/S	Y	NA	Y	Y	Y	
M	Guard desk	Y	NA	Y	Y	Y	
S	Guard desk	Y	NA	Y	Y	Y	
S	Guard desk bathroom	Y	NA	Y	Y	Y	
S	Hallway 121 west	Y	NA	Y	Y	Y	
S	Hallway 121 centre	Y	NA	Y	Y	Y	
M	East stair well	Y	NA	Y	Y	Y	
S	Stair well 116	Y	NA	Y	Y	Y	
S	Workout room 001 west	Y	NA	Y	Y	Y	
S	Workout room 001 north	Y	NA	Y	Y	Y	
S	Workout room 001 east	Y	NA	Y	Y	Y	
S	Lock up room 108	Y	NA	Y	Y	Y	
S	Cell 118	Y	NA	Y	Y	Y	
S	Cell 117	Y	NA	Y	Y	Y	
RHT	Women bathroom	Y	NA	Y	Y	Y	
RHT	Men bathroom	Y	NA	Y	Y	Y	
RHT	Electrical room 003	Y	NA	Y	Y	Y	
RHT	Victim services north 005	Y	NA	Y	Y	Y	
RHT	Victim services south 005	Y	NA	Y	Y	Y	
RHT	Mech room south	Y	NA	Y	Y	Y	
RHT	Mech room north	Y	NA	Y	Y	Y	
DS	Furnace # 1	Y	NA	Y	Y	Y	

M. Manual Pull station	DS Duct smoke detector	B Bell	AD Ancillary device
HT Heat detector, non restorable	SFD Supporting field device - monitor	H Horn	ET Emergency Telephone
RHT Heat detector, Restorable	FS Sprinkler flow switch	V Visual signal appliance	EOL End of line resistor
S Smoke detector	SS Sprinkler supervisory device	SP Cone type speaker	Other supervisory devices
RI Remote indicator unit	EM Fault isolation module	HSP Horn type speaker	Other type of detector
PS Pressure switch	BS Bell & Strobe		





 <b>Centratech Technical Services Ltd</b> # 1 - 7644 - 49 <sup>th</sup> Ave Red Deer, Alberta	Date of Service: July 14, 2014	Time: 9:00 am
	<b>EMERGENCY LIGHT INSPECTION FORM</b>	
Building Name: K302 R.C.M.P	Contact Person: Stan Scott	Phone: Fax:
Address: # 5107 - 52 <sup>nd</sup> street	Owner:	Phone: Fax:
City: Bashaw Alberta		
Postal Code: T0B 0H0		

"Yes" - Acceptable "No" - Unacceptable (Explain No answers in comments)

Yes	No	Summary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	All emergency lights have been tested to National Fire Code - 2005
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The emergency light documentation is on site.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	All emergency lights are fully functional.
<input type="checkbox"/>	<input type="checkbox"/>	All emergency lights have deficiencies noted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A copy of this report is given to the Owner or the owner's representative.

**Comments:**

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I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
Korey Campbell	July 14, 2014	9:00 am	
Technician Stamp	Date	Time	Owner or Authorized Agent

### Inspection checklist

“Y” - Acceptable “N” – Unacceptable (Explain NO answers in comments) “NA” Not applicable

Y	Operate units by disconnecting power supply
Y	Verify pilot light operation and is not damaged or obstructed
Y	Verify terminal connections are clean, free of corrosion
Y	Verify terminal clamps are clean and tight
Y	Verify battery surface is dry and clean
Y	Check battery expiry dates on dry cell batteries replace every 5 years
	Check that exit signs are illuminated, clean and legible if applicable
B	Test to ensure the unit will provide emergency lighting for a duration equal to the following: A) two (2) hours for high buildings; and B) one (1) hour for buildings where persons are detained or care for C) one-half (1/2) hour for all other buildings
Y	Check dry cell battery operation of cells by observing brightness of lamps

<u>Locations</u>	<u>Battery</u>	<u>Satellites</u>
Basement	12volt	6
Office	12volt	4
Holding area	12volt	6



**CENTRATECH TECHNICAL SERVICES LTD.  
ANNUAL MAINTENANCE RECORD**

Hydrostatic Testing - Breathing Air - Fire Extinguisher Sales, Service, Recharging  
"Your Fire And Safety Specialists"

**CUSTOMER:** R.C.M.P Detachment  
**ADDRESS:** K302 Bashaw, Alberta  
5107 52nd Ave  
**CONTACT:** Stan Scott  
**PHONE:** 403-716-4323

**JOB TICKET/INVOICE:** \_\_\_\_\_  
**DATE:** July 14, 2014  
**TECHNICIAN:** Korey  
**PO#:** \_\_\_\_\_  
**CASH ACCOUNT:** YES NO

#	Fire damper location	Type	Conditon
1	<b>Victom services</b>		
2	RA to workout	LINK	OK
3	SA to room	LINK	OK
4	SA to upstairs	LINK	OK
5	SA to upstairs	LINK	OK
6	SA to upstairs	LINK	OK
7	SA to upstairs	LINK	OK
8	SA to upstairs	LINK	OK
9	SA to upstairs	LINK	OK
10	SA to upstairs	LINK	OK
11	<b>Electrical room</b>		
12	RA from workout	LINK	OK
13	SA from mech to work	LINK	OK
14	SA from mech	LINK	OK
15	<b>Mech room</b>		
16	SA to crawl FU-3	LINK	OK
17	RA to crawl FU-3	LINK	OK
18	RA form workout	LINK	OK
19	SA to elec FU-1	LINK	OK
20	RA ro elec FU-1	LINK	OK
21	SA to elec FU-2	LINK	OK
22	RA to elec FU-3	LINK	OK
23			
24			
25			
26			
27			
28			
29			
30			

**COMMENTS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



# CENTRATECH TECHNICAL SERVICES LTD. ANNUAL MAINTENANCE RECORD

Hydrostatic Testing - Breathing Air - Fire Extinguisher Sales, Service, Recharging  
"Your Fire and Safety Specialists"

**CUSTOMER:** RCMP Detachment  
**ADDRESS:** K302 Bashaw, Alberta  
5107 - 52nd Street  
**CONTACT:** Stan Scott  
**PHONE:** 403-716-4323

**JOB TICKET/INVOICE:** \_\_\_\_\_  
**DATE:** July 14, 2014  
**TECHNICIAN:** Emil  
**CASH/ACCOUNT:** Account/PO Required  
**PO# (if required):** \_\_\_\_\_

#	EXTINGUISHER LOCATION	EXT. SERIAL #	EXT. MAKE	CO	EXT. TYPE	HP	SP	YR MFG	YR HT	YR 6YR	YRHT CART	COMMENTS
1	Front Entrance	705198	Flag		10 ABC		X	04		10		Inspection
2	Basement	605648	Flag		5 ABC		X	87	11			Inspection
3	Mech Room	605649	Flag		5 ABC		X	87	11			Inspection
4	Garage	705199	Flag		10 ABC		X	04		10		Inspection
5	Cell area	939120	Amerex		5 ABC		X	09				Inspection
6	Downstairs Lounge	896402	Amerex		5 ABC		X	12				Inspection
7	House 17 Robinsom PL	360385	Amerex		5 ABC		X	12				Inspection
8												
9												
10												
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**COMMENTS:** \_\_\_\_\_

**SAFE BLU**  
**Strathmore, AB.**  
**Ph: 934 9387 Fax: 934 9344**

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**FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT**

DATE: JULY 22, 2014

BUILDING NAME: K315 BASSANO RCMP

ADDRESS: 639 - 11 STREET

COMPANY: SNC LAVALIN

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

SYSTEM MANUFACTURER: SIMPLEX

MODEL NO: 4008

OPERATION:

SINGLE STAGE:

TWO STAGE:

---

**TEST RESULTS**

(EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE SPACE PROVIDED)

This is to certify that the Fire Alarm System has been tested and inspected in accordance with Section 5 periodic inspections and tests – daily and monthly; and Section 6, periodic inspections and tests – yearly, and these records document the results of testing performed.

1. The Fire Alarm System is now fully functional.

Yes  No

OR

2. The Fire Alarm System has deficiencies noted on the pages attached.

Yes  No

Comments: {

SEE PAGE 5 FOR COMMENTS:

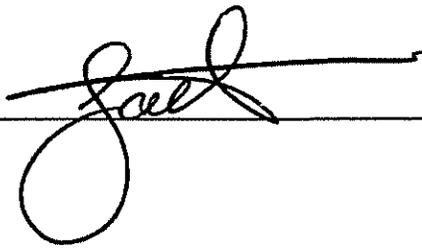
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A copy of this report will be given to: SNC LAVALIN

Joel McGregor  
Signature of Technician



24-7 Fire & Electrical Services Ltd.  
Company Name

<b>PRE-TEST CHECKLIST</b>		
1.	Is there a fire department interconnection?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, take necessary steps to alert central station/fire department, etc.		
<b>DO NOT USE THE FIRE DEPARTMENT EMERGENCY TELEPHONE NUMBER. (IN CALGARY USE THE NON-EMERGENCY PHONE NUMBER 264-1022)</b>		
Name of person contacted at the central station or fire department:		
_____	_____	_____
Name	Title	Phone No.
Date and time fire alarm system is out of service:		
Date and time fire alarm is back in service:		
2.	Do you have auxiliary functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc.?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2a.	Can these be disabled and tested by groups?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3.	Have building occupants been made aware of fire alarm testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4.	Has a pre-determined time been established for testing signaling devices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	Have provisions been made for acquiring access to the secured areas of the building?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6.	Has an alternative plan been established to alert occupants and local fire department should an actual fire condition occur during testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7.	The fire alarm system has emergency power provided by:	AC Generator <input type="checkbox"/> Rechargeable battery <input checked="" type="checkbox"/>

**EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE BOX PROVIDED**

YES	NO	NOT APPLICABLE (NA)
Tested correctly	Did not test correctly (See Remarks Section)	Function or feature not provided on this fire alarm system.

<b>ALARM SIGNAL TESTS</b>	YES	NO	NA
All alarm signaling appliances sound simultaneously in the general alarm state powered by the emergency power supply (5 min. minimum duration).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All audible alarm signals sound simultaneously in the evacuation alarm state powered by the emergency power supply (as per the Alberta Building Code 1990).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signals are audible throughout the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual alarm signals clearly indicate a visual alarm to all points in the visual alarm area when operated on normal power supply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each audible and visual signaling device has been tested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NUMBER OF AUDIBLE / VISUAL DEVICES:</b>			

<b>CONTROL UNIT TESTS</b>		YES	NO	NA
Power on Visual Indicator		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Visual Trouble Lamp		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Audible Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Signal 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"/>
Main Power Supply Failure Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Fault Tested on Positive and Negative Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Interconnection to Fire Department Confirmed		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alert Signal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transfer from Alert Signal to Alarm Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acknowledge Switch Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit		<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 Visual Indication		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal, when silenced, Automatically Reinitiate Upon Subsequent Alarm		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Automatic Cut – Out Timer		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Input Circuit, Alarm & Supervisory Operation Including Visual Indicator		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Circuit Trouble Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Alarm Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Trouble Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Tests)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Power Supply to Emergency Power Supply Transfer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Locked		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit Interconnection to Monitoring Station		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name and Phone #	RELIANCE PROTECTRON			
Building System ID # and Pass Code ID #				

<b>BATTERY TESTS</b>				
Correct Battery Type as Recommended by Manufacturer	2 X	12V	12 AH	
Correct Rating as Determined by Battery Calculations based on Full System Load	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
Battery Voltage (AC Power On)	27.0V			
Battery Charging Current (AC Power On)	0.3A			
Battery Voltage (AC Power Off - Supervisory Condition)	26.5V – 0.3A			
Battery Voltage (AC Power Off - General Alarm Condition) Full Load	26.0V – 0.7A			
<b>BATTERY TESTS INSPECTIONS</b>		YES	NO	NA
Battery Inspected for Physical Damage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Cleaned and Lubricated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Clamped Tightly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within Manufacturer's Rated Life Date Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnection Causes Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>REMOTE TROUBLE UNIT</b>		YES	NO	NA
Input Wiring from Control Unit is Supervised		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Trouble Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal Silence		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>POWER SUPPLY INSPECTION</b>		YES	NO	NA
Fused in Accordance with Manufacturer's Marked Rating of the System		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate to Meet the Requirements of the System		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ANNUNCIATOR TESTS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Power On Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual Alarm & Supervisory Zone Indication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Individual Alarm & Supervisory Zone Designation Labels are Properly Identified	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Common Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Indicator Test (Lamp Test)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Input Wiring from Control Unit is Supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Switches for Ancillary Functions Operate as Intended	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Visual Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Ancillary Functions Visual Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Activation of Alarm Signal & Indication	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>CONTROL UNIT INSPECTIONS</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Input Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designations for Common Control Functions & Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet, Plug-In Components, Modules, and Cables Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses in Accordance with Manufacturer's Specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ANCILLARY DEVICES</b>	If no ancillary devices are present check here <input type="checkbox"/>	
TYPE OF DEVICE (List)	OPERATIONAL	
FURNACE SHUTDOWN	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**\*NOTE:** Power supply for ancillary devices must not be from fire alarm power supply circuit.

<b>AFTER TEST CHECKLIST</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>
Reconnect Auxiliary Functions (off site connections)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Ancillary Functions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Time Limit Cutouts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensure Fire Alarm System is on Normal Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Building Management Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Fire Department Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure That the Alarm System Is Functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUMMARY</b>	
1. The fire alarm system is now <b>FULLY</b> functional.	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
2. The fire alarm system is operational with minor deficiencies as noted in this report.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. The fire alarm system has major deficiencies as noted in this report.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
4. A copy of this report will be given to:	
BUILDING OWNER / BUILDING OWNER'S REPRESENTATIVE	

**TEST AND MAINTENANCE CODES REQUIRE THAT THE BUILDING OWNER FOR A MINIMUM OF TWO YEARS MAINTAIN THIS RECORD.**

---

**DEVICE LEGEND**

Bell	B	Pressure Switch	PS
Duct Smoke Detector	DS	Remote Relay	REL
Fire Phone	FP	Heat Detector, Rate of Rise	RHT
Sprinkler Flow Switch	FS	Smoke Detector	S
Horn	H	Smoke Alarm	SA
Horn/Strobe Combination	HS	Paging Speaker	SP
Heat Detector, Fixed Temperature	HT	Sprinkler Tamper Switch	TS
Manual Pull Station	M	Visual Appliance	V

---

**TECHNICIANS REMARKS / DEFICIENCY FIRE ALARM / SPRINKLER SYSTEM**

FIRE ALARM BREAKER IN BASEMENT TELECOM RM PANEL "E" BREAKER #19  
DUCT SMOKE DETECTORS HAVE BEEN REMOVED FROM SYSTEM

**EMERGENCY / EXIT LIGHTING:**

**FIRE EXTINGUISHERS / FIRE HOSES:**



## APPENDIX E (INFORMATIVE) – ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORDS

(Reference: 3.7, 5.1.1, 5.1.2)

### E1. FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

(Reference: 5.1.2)

Building name: <u>Bow Island RCMP</u>	Date: <u>Aug. 18/14</u>
Address: <u>#401-2nd. ave E.</u>	
System manufacturer: <u>Notifier</u>	Model number: <u>NFS-320C</u>

A	System provides single-stage operation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--
B	System provides two-stage operation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	--
C	The entire <i>fire alarm system</i> has been inspected and tested in accordance with CAN/ULC-S536, Inspection and Testing of Fire Alarm Systems.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--
D	The <i>fire alarm system</i> documentation is on site and includes a description of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	The <i>fire alarm system</i> is fully functional.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	The <i>fire alarm system</i> has deficiencies noted on the pages attached.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
G	Comments			
H	A copy of this report will be given to the following, who is the owner or owner's representative for this building: <u>SNC-Lavalin</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--

This is to certify that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete.

Kyle Heitman  
 Printed Name of Primary or Supervising Technician Conducting the Test and Inspection

KOST Fire Safety  
 Company

403-897-5953  
 Telephone

[Signature]  
 Signature of Primary or Supervising Technician Conducting the Test and Inspection

#4998  
 Identification Number of Primary or Supervising Technician Conducting the Test and Inspection

\_\_\_\_\_  
 Printed Name of Technician Conducting the Test and Inspection

\_\_\_\_\_  
 Company

\_\_\_\_\_  
 Telephone

\_\_\_\_\_  
 Signature of Technician Conducting the Test and Inspection

\_\_\_\_\_  
 Identification Number of Technician Conducting the Test and Inspection



...Continued E2.1

U	Output circuit supervision fault causes a trouble indication.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V	Visual indicator test (lamp test).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
W	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
X	Coded signal sequences are not interrupted by subsequent alarms.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Y	Ancillary device by-pass will result in a trouble signal.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Z	Input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
AA	Fire alarm system reset operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
BB	Main power supply to emergency power supply transfer operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CC	Status change confirmation (smoke detectors only) verified. [Refer Subsection 5.7.4.3, Status Change Confirmation (Alarm Verification Feature)].	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
DD	Receipt of the alarm transmission to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
EE	Receipt of the supervisory transmission to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
FF	Receipt of the trouble transmission to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
GG	Record the name and telephone number of the fire signal receiving centre.	Name: Local dispatch. Telephone:		
HH	Operation of the fire signal receiving centre disconnect means results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.2 VOICE COMMUNICATION TEST

(Reference: Clause 5.1.3, 5.2.3.1)

N/A

A	Power 'ON' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	All-call voice paging, including visual indicator, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	<i>Output circuits</i> for selective voice paging, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Output circuits</i> for selective voice paging trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Operation of voice paging does not interfere with initial inhibit time of <i>alert signal</i> or <i>alarm signal</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	All-call voice paging operates (on <i>emergency power supply</i> ).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Circuits for emergency telephone call-in operation, including audible and visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Circuits for emergency telephones for operation, including two-way voice communication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	Emergency telephone verbal communication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Emergency telephone operable or in-use tone at handset operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.3 CONTROL UNIT OR TRANSPONDER INSPECTION

(Reference: Clauses 5.1.3, 5.2.4.1)

N/A

Control unit or transponder location:				
Control unit or transponder identification:				
A	Input circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Correct designations for common control functions and indicators.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Plug-in components and modules securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Plug-in cables securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Record the date, revision and version of <i>firmware</i> and <i>software program</i> .	Date: _____		
		Rev: _____	Ver: _____	
G	Clean and free of dust and dirt.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Fuses in accordance with manufacturer's <i>specification</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Control unit or transponder lock functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Termination points from wiring to <i>field devices</i> secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.4 POWER SUPPLY INSPECTION

(Reference: Clauses 5.1.3, 5.3.1)

Control unit or transponder location: <i>Main Entrance</i>				
Control unit or transponder identification: <i>No. 100</i>				
A	Fused in accordance with the manufacturer's marked rating of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Adequate to meet the requirements of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.5 EMERGENCY POWER SUPPLY TEST AND INSPECTION

(Reference: Clauses 5.1.3, 5.3.2, 5.3.3)

Control unit or transponder location: <u>Main Entrance</u>				
Control unit or transponder identification: <u>No. 4 free</u>				
A	Correct battery type as recommended by manufacturer.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Battery voltage with <i>main power supply</i> 'ON'.	<u>27.5</u> V dc		
D	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in supervisory condition.	Voltage: <u>26.9</u> V dc Current: <u>-</u> A		
E	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in full load alarm condition.	Voltage: <u>26</u> V dc Current: <u>-</u> A		
F	Charging current.	<u>-</u> A		
G	Physical damage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
H	Terminals cleaned and lubricated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Terminals clamped tightly.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Correct electrolyte level.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
K	Specific gravity of electrolyte is within manufacturer's specifications.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Electrolyte leakage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
M	Adequate ventilation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Battery manufacturer's date code or in-service date.	Date: <u>Nov. 20/12</u>		
O	Disconnection causes <i>trouble signal</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Indicate type of battery tests performed:			
	(i) Required supervisory load for 24 h followed by the required full load operation; or	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	(ii) A silent test by using the load resistor method may be used for the full duration test (Refer to Appendix F1, Silent Test); or	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	(iii) Silent accelerated test. (Refer to Appendix F2, Silent Accelerated Test); or	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	
	(iv) A battery capacity meter test. (Refer to Appendix F3, Battery Capacity Meter Test); or	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
(v) In lieu of the above battery tests, replace the battery with a new set having a current date code, amp-hour capacity and type as recommended by the manufacturer.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>		
Q	Record calculated battery capacity (Refer to Appendix F4.1-C).	<u>20</u> A·h		
R	Record battery terminal voltage after completion of tests.	<u>25.8</u> V dc		

E2.5 continued...

Continued E2.5 ...

S	Battery voltage not less than 85% of its rating after the tests.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
T	Generator provides power to the AC circuit serving the fire alarm system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
U	Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

## E2.6 ANNUNCIATOR AND REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(Reference: Clauses 5.1.4, 5.4.1)

N/A

Annunciator or remote trouble signal unit location:
Annunciator or remote trouble signal unit identification:

A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm, and supervisory input zones are clearly indicated and separately designated.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory zone designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common trouble signal operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator test (lamp test) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from control unit or transponder is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Alarm signal silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary function visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of alarm signal and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Displays are visible in installed location operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Operates on emergency power.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.7 ANNUNCIATORS OR SEQUENTIAL DISPLAYS

(Reference: Clauses 5.1.4, 5.4.2)

N/A

Annunciator or sequential display location:
Annunciator or sequential display identification:

A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm and supervisory zone indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> (See exception)
	Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Specify Method of confirmation: _____ _____			
	Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory zone designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common trouble signal operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator test (lamp test) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from control unit or transponder is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Alarm signal silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary functions visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of alarm signal and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Displays are visible in installed location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.8 REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(Reference: Clauses 5.1.4, 5.4.3)

N/A

Remote <i>trouble signal</i> unit location:
Remote <i>trouble signal</i> unit identification:

A	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Audible <i>trouble signal</i> silence operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.9 PRINTER TEST

(Reference Clauses 5.1.4, 5.5.1)

N/A

Printer location:
Printer identification:

A	Operates as per <i>design</i> and <i>specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	<i>Zone</i> of each alarm initiating device is correctly printed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Rated voltage is present.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.10 DATA COMMUNICATION LINK TEST**

(Reference: Subsection 5.1.5, 5.6-Note)

*N/A*

<i>Control unit or transponder location:</i>
<i>Control unit or transponder identification:</i>
<i>Data communication link identification:</i>

<b>A</b>	Confirm that a <i>trouble signal</i> is received at the <i>control unit</i> or <i>transponder</i> under an open loop fault for each <i>data communication link (DCL)</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>B</b>	Where <i>fault isolation modules</i> are installed in <i>data communication links</i> serving <i>field devices</i> , wiring shall be shorted on the isolated side, <i>annunciation</i> of the fault confirmed, and then a <i>field device</i> on the source side shall be operated, and activation confirmed at the <i>control unit</i> or <i>transponder</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>C</b>	Where fault isolation in <i>data communication links</i> is provided between <i>control units</i> or <i>transponders</i> and between <i>transponders</i> , introduce a <i>short circuit fault</i> and confirm <i>annunciation</i> of the fault and operation outside the shorted section between each pair of:			
	(i) <i>Control unit to control unit</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(ii) <i>Control unit to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(iii) <i>Transponder to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.11 ANCILLARY DEVICE CIRCUIT TEST**

(Reference: Clause 5.2.2.1-Z)

*N/A*

RECORD SPECIFIC TYPE OF ANCILLARY CIRCUIT	OPERATION OF ANCILLARY CIRCUIT CONFIRMED		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Note: The *tests* reported on this Form do not include the actual operational *test* of *ancillary devices*.

**E2.12 REMARKS**

(Reference: E2)

All is working and in fairly good shape. Smoke Sensors  
were blown out with air.

(Attach additional sheets if further remarks are required)

### E3. FIELD DEVICE RECORD

(Reference: Clause 5.1.6)

#### E3.1 FIELD DEVICE TESTING — LEGEND AND NOTES

(Reference: Clauses 5.7.4.1.3, 5.7.4.1.4, 5.7.4.1.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.2, 5.7.8.2.4)

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual Pull Station	Single	Notifier
RHT	Heat Detector, Restorable	R.R.	Notifier
HT	Heat Detector, Non-restorable	Fixed	Notifier
S	Smoke Detector  Sensitivity Test Method or Test Equipment: Model/Method: <u>Smoke check</u>  Manufacturer Sensitivity Range: Sensitivity Range: _____	Not applicable	Not applicable
RI	Remote Indicator Unit		
DS	Duct Smoke Detector		
--	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch		
SS	Sprinkler Supervisory Device		
--	Other Supervisory Devices (Low Pressure, Low Water, Low Temperature, Power Loss, etc.)		
EM	Fault Isolation Module		
B	Bell		
H	Horn	24VDC	Notifier
V	Visible Signal Device	24VDC	Notifier
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
AD	Ancillary Device		
ET	Emergency Telephone		
EOL	End-of-Line Resistor		

#### The following notes apply to Appendix E3.2, Individual Device Record:

- NOTE 1: *Smoke detector sensitivity* confirmation or measurement should be recorded in the remarks column.
- NOTE 2: *Smoke detector* cleaning or replacement date should also be recorded in the remarks column.
- NOTE 3: Status Change, including time delay, should be recorded in the remarks column.
- NOTE 4: Duct *smoke detector* pressure differential should be confirmed and recorded in the remarks column.

E3.1 continued...

Continued E3.1 ...

- NOTE 5: Time delay setting of water flow switch should be recorded in the remarks column.
- NOTE 6: Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.
- NOTE 7: Upper and lower pressure setting of *supervisory devices* should be recorded in the remarks column.
- NOTE 8: Low temperature setting should be recorded in the remarks column.
- NOTE 9: Identify the specific *ancillary devices* in the remarks column.
- NOTE 10: Identify date *field device* changed in the remarks column.
- NOTE 11: Identify correct *field device* operation (e.g., alarm, trouble, supervisory, annunciation indication).
- NOTE 12: Identify *zone*, circuit number, or address.
- NOTE 13: Identify *conventional field device* locations.
- NOTE 14: Identify *active field device* and *supporting field device*, *data communication link (DCL)*, address and location.
- NOTE 15: Test and confirm *conventional field device* supervision of wiring.
- NOTE 16: Confirm *field device* free of damage.
- NOTE 17: Confirm *field device* free of foreign substance (e.g. paint).
- NOTE 18: Confirm *field device* mechanically supported independently of the wiring.
- NOTE 19: Confirm *field device* protective dust shields or covers removed.
- CAUTION: The *tests* reported on this Form do not include the actual operational *test* of *ancillary devices*.

**E3.2 INDIVIDUAL DEVICE RECORD**

(Reference: Clauses 5.7.1.3, E3.1)

BUILDING NAME: Bow Island Camp

PAGE 1 OF 1

DATE: Aug 18/14

Device Legends And Notes Are Listed In Appendix E3.1, Field Device Testing – Legend and Notes

LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
Office	Horn/strobe	/		/			
Garage	Horn/strobe	/		/			
Home	Buzzer	/		/			
<del>Home</del>	<del>Smoke</del>						
Residence stairwell	Smoke	/		/	/		
Residence Basement	Pull station	/		/	/		
Hall by Cell	Smoke	/		/	/		
Washroom	Smoke	/		/	/		
Office	Smoke	/		/	/		
Victim Services	Smoke	/		/	/		
Coffee Rm.	Smoke	/		/	/		
Holding Cell	Smoke	/		/	/		
Vestibule Entrance	Smoke	/		/	/		
West entrance	Pull station	/		/	/		
NCO Office	Pull station	/		/	/		
South exit to Garage	Pull station	/		/	/		
NCO Office	Smoke	/		/	/		
Interview Room	Smoke	/		/	/		
Garage	Smoke	/		/	/		
Garage Storage	Heat	/		/	/		
Furnace Room	Heat	/		/	/		
Basement Living Rm.	Heat	/		/	/		
Residence Front Entrance	Pull station	/		/	/		
Residence Rear Exit	Pull station	/		/	/		
Hallway Residence	Smoke	/		/	/		

**SAFE BLU**  
**Strathmore, AB.**  
**Ph: 934 9387 Fax: 934 9344**

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**FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT**

BUILDING NAME: RCMP BROOKS DETACHMENT DATE: July 22, 2014  
ADDRESS: 310 - 4<sup>TH</sup> STREET WEST  
COMPANY: SNC LAVALIN  
CONTACT PERSON: \_\_\_\_\_  
TELEPHONE NO: 403 794 4400  
SYSTEM MANUFACTURER: EDWARDS QUICK START MODEL NO: QSI  
OPERATION: SINGLE STAGE:  TWO STAGE:

---

**TEST RESULTS**

(EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE SPACE PROVIDED)

This is to certify that the Fire Alarm System has been tested and inspected in accordance with Section 5 periodic inspections and tests – daily and monthly; and Section 6, periodic inspections and tests – yearly, and these records document the results of testing performed.

1. The Fire Alarm System is now fully functional. Yes  No

OR

2. The Fire Alarm System has deficiencies noted on the pages attached. Yes  No

Comments:

SEE PAGE 5 FOR COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A copy of this report will be given to: STAFF SGT JOHN HAILEY

---

Joel McGregor  
Signature of Technician

---

24-7 Fire & Electrical Services Ltd.  
Company Name

<b>PRE-TEST CHECKLIST</b>		
1.	Is there a fire department interconnection? If yes, take necessary steps to alert central station/fire department, etc.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<p><b>DO NOT USE THE FIRE DEPARTMENT EMERGENCY TELEPHONE NUMBER. (IN CALGARY USE THE NON-EMERGENCY PHONE NUMBER 264-1022)</b></p> <p>Name of person contacted at the central station or fire department:</p>		
	_____	_____
	Name	Phone No.
	Title	
Date and time fire alarm system is out of service: JULY 22, 2014 12:48 PM		
Date and time fire alarm is back in service: JULY 22, 2014 4:30 PM		
2.	Do you have auxiliary functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc.?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2a.	Can these be disabled and tested by groups?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3.	Have building occupants been made aware of fire alarm testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4.	Has a pre-determined time been established for testing signaling devices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	Have provisions been made for acquiring access to the secured areas of the building?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6.	Has an alternative plan been established to alert occupants and local fire department should an actual fire condition occur during testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7.	The fire alarm system has emergency power provided by:	AC Generator <input type="checkbox"/> Rechargeable battery <input checked="" type="checkbox"/>

**EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE BOX PROVIDED**

YES	NO	NOT APPLICABLE (NA)
Tested correctly	Did not test correctly (See Remarks Section)	Function or feature not provided on this fire alarm system.

<b>ALARM SIGNAL TESTS</b>	YES	NO	NA
All alarm signaling appliances sound simultaneously in the general alarm state powered by the emergency power supply (5 min. minimum duration).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All audible alarm signals sound simultaneously in the evacuation alarm state powered by the emergency power supply (as per the Alberta Building Code 1990).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signals are audible throughout the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual alarm signals clearly indicate a visual alarm to all points in the visual alarm area when operated on normal power supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Each audible and visual signaling device has been tested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER OF AUDIBLE / VISUAL DEVICES:			

<b>CONTROL UNIT TESTS</b>	YES	NO	NA
Power on Visual Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Visual Trouble Lamp	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Audible Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Signal 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"/>
Main Power Supply Failure Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Fault Tested on Positive and Negative Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Interconnection to Fire Department Confirmed	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alert Signal Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transfer from Alert Signal to Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acknowledge Switch Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit	<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 Visual Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal, when silenced, Automatically Reinitiate Upon Subsequent Alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Automatic Cut – Out Timer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Input Circuit, Alarm & Supervisory Operation Including Visual Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Circuit Trouble Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Alarm Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Trouble Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Tests)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Power Supply to Emergency Power Supply Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Control Panel Locked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit Interconnection to Monitoring Station	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name and Phone #			
Building System ID # and Pass Code ID #			

<b>BATTERY TESTS</b>			
Correct Battery Type as Recommended by Manufacturer	2 X	12V 12 AH REPLACED 2013	
Correct Rating as Determined by Battery Calculations based on Full System Load	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Battery Voltage (AC Power On)	NOT ACCESSABLE		
Battery Charging Current (AC Power On)			
Battery Voltage (AC Power Off - Supervisory Condition)			
Battery Voltage (AC Power Off - General Alarm Condition) Full Load			
<b>BATTERY TESTS INSPECTIONS</b>	YES	NO	NA
Battery Inspected for Physical Damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Cleaned and Lubricated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Clamped Tightly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within Manufacturer's Rated Life Date Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnection Causes Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>REMOTE TROUBLE UNIT</b>	YES	NO	NA
Input Wiring from Control Unit is Supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal Silence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>POWER SUPPLY INSPECTION</b>	YES	NO	NA
Fused in Accordance with Manufacturer's Marked Rating of the System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate to Meet the Requirements of the System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ANNUNCIATOR TESTS</b>	YES	NO	NA
Power On Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Alarm & Supervisory Zone Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Alarm & Supervisory Zone Designation Labels are Properly Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Wiring from Control Unit is Supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches for Ancillary Functions Operate as Intended	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Visual Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Ancillary Functions Visual Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Activation of Alarm Signal & Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CONTROL UNIT INSPECTIONS</b>	YES	NO	NA
Input Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designations for Common Control Functions & Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet, Plug-In Components, Modules, and Cables Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses in Accordance with Manufacturer's Specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ANCILLARY DEVICES</b>	If no ancillary devices are present check here <input type="checkbox"/>		
TYPE OF DEVICE (List)	OPERATIONAL		
FURNACE FANS	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
CELL EXHAUST FAN	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

\*NOTE: Power supply for ancillary devices must not be from fire alarm power supply circuit.

<b>AFTER TEST CHECKLIST</b>	YES	NO	NA
Reconnect Auxiliary Functions (off site connections)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Ancillary Functions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Time Limit Cutouts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensure Fire Alarm System is on Normal Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Building Management Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Fire Department Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure That the Alarm System Is Functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUMMARY</b>			
1.	The fire alarm system is now <b>FULLY</b> functional.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
2.	The fire alarm system is operational with minor deficiencies as noted in this report.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
3.	The fire alarm system has major deficiencies as noted in this report.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
4.	A copy of this report will be given to: STAFF SGT JOHN HAILEY		
BUILDING OWNER / BUILDING OWNER'S REPRESENTATIVE			

TEST AND MAINTENANCE CODES REQUIRE THAT THE BUILDING OWNER FOR A MINIMUM OF TWO YEARS MAINTAIN THIS RECORD.

**DEVICE LEGEND**

Bell	B	Pressure Switch	PS
Duct Smoke Detector	DS	Remote Relay	REL
Fire Phone	FP	Heat Detector, Rate of Rise	RHT
Sprinkler Flow Switch	FS	Smoke Detector	S
Horn	H	Smoke Alarm	SA
Horn/Strobe Combination	HS	Paging Speaker	SP
Heat Detector, Fixed Temperature	HT	Sprinkler Tamper Switch	TS
Manual Pull Station	M	Visual Appliance	V

**TECHNICIANS REMARKS / DEFICIENCY FIRE ALARM / SPRINKLER SYSTEM**

FULL PANEL ACCESS IS BLOCKED BY DESK IN FRONT OF PANEL

CELL 1 SMOKE DETECTOR WOULD NOT ACTIVATE - REQUIRES REPLACEMENT

DUCT SMOKE DETECTORS ARE INSTALLED BACKWARDS AND DOES NOT DRAW AIR INTO DETECTOR

OLD DUCT SMOKE DETECTORS (3) HAVE BEEN DISCONNECTED BUT NOT REMOVED.

NORTH OFFICE AREA AND FACP ROOM HEAT DETECTORS FAILED - REQUIRE REPLACEMENTS

**EMERGENCY / EXIT LIGHTING:**

**FIRE EXTINGUISHERS / FIRE HOSES:**

## FIRE ALARM DEVICE REPORT

LOCATION	DEVICE								NOTES
		Correctly Installed	Requires Repair	Alarm Operation	Ammunition Confirmed	Device Address #	Ground Fault	Flow Sw.Delay	
FRONT ENTRANCE RECEPTION	M			✓				128	
FRONT ENTRANCE RECEPTION	CFR-135			✓				070	
SOFT INTERVIEW ROOM	CFR-135							071	OCCUPIED
VICTIM SERVICES ROOM	CFR-135			✓				072	
FILE ROOM	CFR-135			✓				061	
STORAGE ROOM	CFR-135			✓				068	
WATER METER ROOM	CFR-135			✓				069	
SECURE BAY CONV. AREA	CFR-135							132	OCCUPIED
SECURE BAY CONV. AREA	M								BLOCKED 2014
PUBLIC WASHROOM	CFR-135			✓				059	
JANITOR ROOM	CFR-135			✓				073	
MENS BATHROOM	CFR-135			✓				066	
MENS LOCKER ROOM	CFR-136			✓				060	
SOUTH ENTRANCE	M			✓				130	
WOMENS CHANGE ROOM	CFR-135			✓				058	
RADIO ROOM	CFR-135			✓				043	
FILE STORAGE ROOM	CFR-135			✓				067	
BULLPEN OFFICE NORTH	CFR-135			✓				063	
OFFICE NORTH	CFR-135							065	DEFECTIVE 2014
NORTH ENTRANCE	M			✓				135	
ELECTRICAL METER ROOM	S			✓				034	
OFFICE 2	CFR-135			✓				064	SARGENT'S OFFICE
SARGENT OFFICE	CFR-135			✓				062	STAFF SARGENT'S OFFICE
<b>2ND FLOOR</b>									
NORTH STAIR	S			✓				036	
NORTH STAIR EXIT	M			✓				129	
G.I.S. ROOM NORTH	CFR-135			✓				057	
G.I.S. ROOM SOUTH	CFR-135			✓				056	
DOMESTIC VIOLENCE ROOM	CFR-135			✓				055	
COOKING ROOM	CFR-135			✓				054	
SOUTH STAIR	M			✓				127	
MECHANICAL ROOM NORTH	CFR-135			✓				053	
MECHANICAL ROOM SOUTH	CFR-135			✓				052	
PROJECT ROOM	S			✓				039	
OUTSIDE NCO OFFICE	S			✓				040	
NCO OFFICE	S			✓					NO ACCESS 2013
NORTH HALL	S			✓				033	
CENTER HALL	S			✓				032	
HALL EXIT	S			✓				031	
LUNCH ROOM SOUTH	S			✓				030	
LUNCH ROOM NORTH	S			✓				027	

M=MANUAL STATION  
S=SMOKE DETECTOR

RHT=RATE OF RISE HEAT  
HT=FIXED HEAT

B=BELL  
H=HORN  
S=SPEAKER  
V=STROBE LIGHT

FIRE ALARM DEVICE REPORT

LOCATION	DEVICE							NOTES
		Correctly Installed	Requires Repair	Alarm Operation	Amplification Confirmed	Device Address #	Ground Fault	
CRAWL SPACE SOUTH	S			✓		026		
CRAWL SPACE CENTER	S			✓		029		
CRAWL SPACE NORTH	S							NO ACCESS DUE TO DUCTWORK
WAIT ROOM	S			✓		041		EXERCISE ROOM
EXERCISE ROOM	S			✓		037		
SOUTH EXIT STAIR	S			✓		035		
ACTIVE CENTER RETURN AIR	D/S			✓		023		INSTALLED BACKWARDS
SOUTH RETURN AIR	D/S			✓		022		INSTALLED BACKWARDS
NORTH RETURN AIR	D/S			✓		024		INSTALLED BACKWARDS
MECHANICAL RM	S			✓		025		
SECURE GUN ROOM	S			✓		042		
OVER NIGHT EXIBIT ROOM	HT			✓		049		
SECURE STORAGE	HT			✓		051		
<b>CELL BLOCK</b>								
CELL HALL NORTH	S			✓		019		
CELL HALL CENTER	S			✓		020		
CELL HALL SOUTH	S			✓		021		
SECURE BAY NORTH	HT					132		NO ACCESS
FINGERPRINT ROOM	HT			✓		050		
GUARD STATION	M			✓		134		
CELL #2	S			✓		045		
CELL #3	S					046		OCCUPIED
CELL #4	S			✓		047		
CELL #5	S			✓		048		
CELL #1	S			✓				DEFECTIVE 2014
<b>AUDIBLE VISUAL</b>								
NORTH MAIN ENTRANCE	H/S			✓				
SOUTH MAIN ENTRANCE	H/S			✓				
2ND FLOOR S	H/S			✓				
2ND FLOOR N	H/S			✓				

M=MANUAL STATION  
S=SMOKE DETECTOR

RHT=RATE OF RISE HEAT  
HT=FIXED HEAT

B=BELL  
H=HORN  
S=SPEAKER  
V=STROBE LIGHT



**SAFE BLU**  
**Strathmore, AB.**  
**Ph: 934 9387 Fax: 934 9344**

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**FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT**

BUILDING NAME: CALGARY AIRPORT RCMP BUILDING DATE: JULY 8, 2014

ADDRESS: 1874 AIRPORT ROAD N.E

COMPANY: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO: \_\_\_\_\_

SYSTEM MANUFACTURER: SIMPLEX MODEL NO: SIMPLEX 4005

OPERATION: SINGLE STAGE:  TWO STAGE:

---

**TEST RESULTS**

(EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE SPACE PROVIDED)

This is to certify that the Fire Alarm System has been tested and inspected in accordance with Section 5 periodic inspections and tests – daily and monthly; and Section 6, periodic inspections and tests – yearly, and these records document the results of testing performed.

1. The Fire Alarm System is now fully functional. Yes  No
- OR
2. The Fire Alarm System has deficiencies noted on the pages attached. Yes  No

Comments:

REPLACED BATTERIES 5 YEARS OLD

MONITORING WIRES IN FIRE ALARM PANEL ARE NOT TERMINATED TO FIRE PANEL. FLOATING BESIDE CPU WITH END OF LINE RESISTORS CONNECTED TO WIRES

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A copy of this report will be given to: \_\_\_\_\_



Ken MacLean

Signature of Technician

P0553

Technician's Certification Number

24-7 Fire & Electrical Services Ltd.

Company Name

PRE-TEST CHECKLIST		
1.	Is there a fire department interconnection?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, take necessary steps to alert central station/fire department, etc.		
<b>DO NOT USE THE FIRE DEPARTMENT EMERGENCY TELEPHONE NUMBER. (IN CALGARY USE THE NON-EMERGENCY PHONE NUMBER 264-1022)</b>		
Name of person contacted at the central station or fire department:		
_____	_____	_____
Name	Title	Phone No.
Date and time fire alarm system is out of service: JULY 8, 2014 8:00 AM		
Date and time fire alarm is back in service: JULY 8, 2014 12:00 PM		
2.	Do you have auxiliary functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc.?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2a.	Can these be disabled and tested by groups?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3.	Have building occupants been made aware of fire alarm testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4.	Has a pre-determined time been established for testing signaling devices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	Have provisions been made for acquiring access to the secured areas of the building?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6.	Has an alternative plan been established to alert occupants and local fire department should an actual fire condition occur during testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7.	The fire alarm system has emergency power provided by:	AC Generator <input type="checkbox"/> Rechargeable battery <input checked="" type="checkbox"/>

EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE BOX PROVIDED

YES	NO	NOT APPLICABLE (NA)
Tested correctly	Did not test correctly (See Remarks Section)	Function or feature not provided on this fire alarm system.

ALARM SIGNAL TESTS	YES	NO	NA
All alarm signaling appliances sound simultaneously in the general alarm state powered by the emergency power supply (5 min. minimum duration).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All audible alarm signals sound simultaneously in the evacuation alarm state powered by the emergency power supply (as per the Alberta Building Code 1990).	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signals are audible throughout the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual alarm signals clearly indicate a visual alarm to all points in the visual alarm area when operated on normal power supply.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Each audible and visual signaling device has been tested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NUMBER OF AUDIBLE / VISUAL DEVICES:			

<b>CONTROL UNIT TESTS</b>		YES	NO	NA
Power on Visual Indicator		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Visual Trouble Lamp		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Audible Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Signal 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"/>
Main Power Supply Failure Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Fault Tested on Positive and Negative Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Interconnection to Fire Department Confirmed		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alert Signal Operation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transfer from Alert Signal to Alarm Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acknowledge Switch Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit		<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 Visual Indication		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal, when silenced, Automatically Reinitiate Upon Subsequent Alarm		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Automatic Cut - Out Timer		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Input Circuit, Alarm & Supervisory Operation Including Visual Indicator		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Circuit Trouble Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Alarm Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Trouble Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Tests)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Power Supply to Emergency Power Supply Transfer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Locked		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit Interconnection to Monitoring Station		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name and Phone #				
Building System ID # and Pass Code ID #				

<b>BATTERY TESTS</b>		YES	NO	NA
Correct Battery Type as Recommended by Manufacturer	2 X			
Correct Rating as Determined by Battery Calculations based on Full System Load	12V -12AH NEW 2014			
Battery Voltage (AC Power On)	27.79v			
Battery Charging Current (AC Power On)	150 MA - 500MA			
Battery Voltage (AC Power Off - Supervisory Condition)	25.80v 420MA			
Battery Voltage (AC Power Off - General Alarm Condition) Full Load	25.30v 1.2AMP			
<b>BATTERY TESTS INSPECTIONS</b>		YES	NO	NA
Battery Inspected for Physical Damage		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Cleaned and Lubricated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Clamped Tightly		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Within Manufacturer's Rated Life Date Code		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disconnection Causes Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>REMOTE TROUBLE UNIT</b>		YES	NO	NA
Input Wiring from Control Unit is Supervised		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Trouble Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal Silence		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>POWER SUPPLY INSPECTION</b>		YES	NO	NA
Fused in Accordance with Manufacturer's Marked Rating of the System		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate to Meet the Requirements of the System		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANNUNCIATOR TESTS	YES	NO	NA
Power On Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Alarm & Supervisory Zone Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Alarm & Supervisory Zone Designation Labels are Properly Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Wiring from Control Unit is Supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches for Ancillary Functions Operate as Intended	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Silence Visual Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other Ancillary Functions Visual Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Manual Activation of Alarm Signal & Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL UNIT INSPECTIONS	YES	NO	NA
Input Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designations for Common Control Functions & Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet, Plug-In Components, Modules, and Cables Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses in Accordance with Manufacturer's Specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ANCILLARY DEVICES	If no ancillary devices are present check here <input type="checkbox"/>		
TYPE OF DEVICE (List)	OPERATIONAL		
FURNACE SHUTDOWN	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
DOOR MAG LOCK	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

\*NOTE: Power supply for ancillary devices must not be from fire alarm power supply circuit.

AFTER TEST CHECKLIST	YES	NO	NA
Reconnect Auxiliary Functions (off site connections)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Ancillary Functions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Time Limit Cutouts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensure Fire Alarm System is on Normal Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Building Management Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Fire Department Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure That the Alarm System Is Functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUMMARY		YES	NO
1. The fire alarm system is now FULLY functional.		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
2. The fire alarm system is operational with minor deficiencies as noted in this report.		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
3. The fire alarm system has major deficiencies as noted in this report.		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4. A copy of this report will be given to:		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
BUILDING OWNER / BUILDING OWNER'S REPRESENTATIVE			

TEST AND MAINTENANCE CODES REQUIRE THAT THE BUILDING OWNER FOR A MINIMUM OF TWO YEARS MAINTAIN THIS RECORD.



SAFE BLUE  
FIRE ALARM DEVICE REPORT

LOCATION	DEVICE								NOTES
		Correctly Installed	Requires Repair	Alarm Operation	Annunciation Confirmed	Zone Circuit #	Ground Fault	Flow Sw. Delay	
FRONT ENTRANCE WASHROOM	HT			✓			1		
BY FIRE PANEL	M			✓			1		
BY FIRE PANEL	B			✓			S1		
OFFICE BY FIRE PANEL	HT			✓			1		
OFFICE BY FIRE PANEL	B			✓			S1		
EAST ENTRY	M			✓			1		
EAST ENTRY	S			✓			1		
EAST ENTRY	B			✓			S1		
BULLPEN	B			✓			S1		
LUNCH ROOM	RHT			✓			1		
MEN'S WASHROOM	HT			✓			1		
LUNCH ROOM	B			✓			S1		
WOMEN'S WASHROOM	HT			✓			1		
WEST EXIT	M			✓			1		
JANITORS ROOM	HT			✓			1		
GUN ROOM	HT			✓			1		
SECURE FAX ROOM #105	HT			✓			3		
FILE ROOM #103	HT			✓			3		
HALLWAY BY ROOM #103	B			✓			S1		
SECURE FILE ROOM #104	HT			✓			3		
HALLWAY TO CELLBLOCK	B			✓			S2		
HALLWAY TO CELLBLOCK	S			✓			3		OVER TEN YEARS OLD
CELLBLOCK ENTRANCE	M			✓			3		
CELLBLOCK DESK AREA	HT			✓			3		
CELLBLOCK WASHROOM	HT			✓			3		
CELLBLOCK HALL	B			✓			S2		
CELLBLOCK HALL EAST	S			✓			3		OVER TEN YEARS OLD
CELLBLOCK HALL CENTER	S			✓			3		OVER TEN YEARS OLD
CELLBLOCK HALL WEST	S			✓			3		OVER TEN YEARS OLD
CELLBLOCK OFFICE	HT			✓			3		
CELLBLOCK STORAGE	HT			✓			3		
FINGERPRINT ROOM	HT			✓			3		
CELL #143	S			✓			5		
CELL#142	S			✓			6		
CELL#140	S			✓			7		
CELL#138	S			✓			8		





# Banff Fire and Safety

## Fire Alarm Inspection Report

**Customer:** ROYAL CANADIAN MOUNTED POLICE  
**Location:** CANMORE DETACHMENT  
**Address:** 101 Elk Run Blvd., Canmore  
**Date:** July 17, 2014  
**Contact:** SNC Lavalin - Stan (403) 888-3605  
**Contact:** On-site -  
**Inspected By:** Dennis Olsen/Paul Marinelli

**Bring solo kit to test  
heat detectors**

**Make of Panel:** Edwards Quick Start  
**Make of Smoke Detectors:** Edwards Siga PS & SIGA IPHS  
**Make of Heat Detectors:** Edwards Siga - HRS  
**Make of Alarm Pull Box:** Edwards SIGA-270  
**Make of Alarm Signal:** Edwards Genesis Red - Horn Strobe

### Bell Zones

**Z1** ~ Entire Building  
**Z2** ~ Guard Room Buzzer  
**Z3** ~ Buzzer in Panel

### Zones: Addressable

**Z1** ~ Basement  
**Z2** ~ Duct Smokes  
**Z3** ~ Crawl Space  
**Z4** ~ Admin Area  
**Z5** ~ Prisoner/Storage Area  
**Z6** ~ Holding Cell  
**Z7** ~ Cell #131  
**Z8** ~ Cell #132  
**Z9** ~ Stairwell  
**Z10** ~ Door Mag

EOL:	Location	Device	Zone	Operation	Address	Comments:
	Reception 102	Heat	4	OK	D50	
	Vestibule 101	Smoke	4	OK	D37	
	Corridor 110	Horn Strobe	1	OK	N/A	
	Corridor 110	Smoke	4	OK	D38	
	Main Entrance	Pull	4	OK	D135	
	Office # 103	Heat	4	OK	D46	
	Office # 104	Heat	4	OK	D47	
	Office # 105	Heat	4	OK	D48	
	Open Area Office #106	Smoke	4	OK	D23	
	Open Area Office	Horn Strobe	1	OK	N/A	
	Work Station Room #107	Heat	4	OK	D64	Fire Alarm Panel Room
	Interview Room 108	Smoke	4	OK	D62	

✓	Hall by File Room	Horn Strobe	1	OK	N/A	
	File Room / Storage 109	Smoke	1	OK	D36	
	Corridor 110 North	Smoke	4	OK	D39	
	Room 111A	Heat	4	OK	D51	
	Legal Council Conf. Room	Smoke	5	OK	D22	Room #127
	Lunch Room 111B	Heat	4	OK	D52	
	Male Washroom 113	Heat	4	OK	D57	
	Ladies Locker Room 112	Heat	4	OK	D63	
	Female Washroom 112	Heat	4	OK	D53	
	Vestibule 114	Smoke	4	OK	D40	
✓✓	Vestibule 114	Pull	4	OK	D131	
	Garage Room 115	Pull	5	OK	D134	
	Garage Room 115	Heat	5	OK	D45	
	Storage Area Room 116	Heat	5	OK	D44	stolen goods storage
✓✓	Guard's Room Exit 121	Pull	4	OK	D132	
	Guard Room	Horn Strobe	1	OK	N/A	
	Prison Guard Room	Smoke	4	OK	D42	
	Corridor 128	Smoke	4	OK	D21	Cell hall
	Corridor 125 North	Smoke	4	OK	D30	Cell hall
	Corridor 133	Smoke	4	OK	D35	Cell hall
	Corridor 125	Smoke	4	OK	D33	Cell hall
	Effect Room #123	Smoke	4	OK	D26	
	Shower Room #124	Smoke	4	OK	D34	
	Guard Washroom Room #120	Smoke	5	OK	D19	
	Room #118	Heat	4	OK	D32	Fingerprint Room
	Room 119 Smoke/Heat	Smoke	4	OK	D31	
	Effects Room #123	Heat	5	OK	D27	Radio Room
	Exhibit Room 130	Smoke	5	OK	D28	
	Basement Gym Room 105	Heat	6	OK	D03	
	Basement Weapons Storage	Heat	6	OK	D04	
✓	Basement Corridor 004	Pull	6	OK	D126	
	Basement Corridor	Smoke	1	OK	D20	
	Basement Exit	Horn Strobe	1	OK	D020	
	Basement Janitor Storage	Heat	6	OK	D06	
	Basement Elect / Phone Rm	Smoke	6	OK	D05	
	Basement Mech Room	Heat	7	OK	D02	
	Basement Locker Room	Heat	7	OK	D01	

	North Stairwell	Smoke	8	OK	D41	
	Prisoner Phone Room 126	Smoke		OK	D29	
✓	Room #132	Smoke	9	OK	D56	Female Cell
✓	Room #131	Smoke	10	OK	D55	Male Cell
✓	Room 122	Smoke	11	OK	D54	
	Secure Bay #117	Heat	5	OK	D43	
	Secure Bay #117	Pull	5	OK	D133	
	Furnace Room #2	Duct Smoke	Z-2	OK	D24	
	Furnace Room #1	Duct Smoke	X-2	OK	D67	
	Storage Garage	Horn Strobe	1	OK		
	Crawl Space East #1	Heat	Z-3	OK	D007	
	Crawl Space East #2	Heat	Z-3	OK	D008	
	Crawl Space West #1	Heat	Z-3	OK	D010	
	Crawl Space West #2	Heat	Z-3	OK	D009	
	Crawl Space West #3	Heat	Z-3	OK	D013	
	Crawl Space West #4	Heat	Z-3	OK	D014	
	Crawl Space West #5	Heat	Z-3	OK	D011	
	Crawl Space West #6	Heat	Z-3	OK	D012	
	Furnace Unit #3	Duct Smoke	Z-2	OK	D025	
	Furnace Unit #4	Duct Smoke	Z-2	OK	D018	
	Top of Stairs	Horn Strobe	1	OK		
	Crawl Space North	Heat	Z-3	OK	D015	
	Crawl Space North	Heat	Z-3	OK	D016	
	Crawl Space North	Heat	Z-3	OK	D017	
	Crawl Space #1	Horn Strobe	1	OK		
	Cell Hallway #1	Horn Strobe	1	OK		
	Basement Mech. Room	Horn Strobe	1	OK		
	Crawl Space #2	Horn Strobe	1	OK		
	Cell Hallway #2	Horn Strobe	1	OK		
	Garage Room #115	Horn Strobe	1	OK		
	Storage Room	Horn Strobe	1	OK		Cell Hall

**Fire Dampers** - Check that all dampers are free to close (no obstructions) and in the open position

LOCATION:	DEVICE:	LOCATION:	OPERATION		COMMENTS:
Breathalyzer Room 118	Damper	Ceiling	165°F	OK	
Cell #122	Damper	Ceiling	165°F	OK	
Cell Shower	Damper	Ceiling	165°F	OK	
Cell #131	Damper	Ceiling	165°F	OK	

Cell #132	Damper	Ceiling	165°F	OK	
Radio Room	Damper	Ceiling	165°F	OK	
Evidence Room	Damper	Ceiling	165°F	OK	
Crawl Space	Damper	Wall	165°F	OK	

**Annunciator:** Location: (1) In Main Entrance Lobby  
(1) In Guard's Room  
Test: OK

**Main Panel Power Supply Test:** Circuit Breaker Location: Bsmnt Elec Rm - Panel 'E'  
CCT#12C  
Circuit Breaker Model: Siemens  
Protected: YES  
Locked and Red: YES

**Main Panel Batteries Test:** Damage? NO  
Protected? YES  
Ventilated? YES  
Fused Charging Tested at: 27.3 volts  
Load Cycle Tested to: 26.8 volts  
Battery Date: 2011  
Battery Size: (2) 12volt 18amp

**Auxillary Power Supply** Fused Charging Tested at: 26.8 volts  
Load Cycle Tested to: 26.4 volts  
Battery Date: 2013  
Battery Size: (2) 12volt 12amp

**Control Panel:** Functioning: OK  
Lamps/Indicators: OK  
Supervisory: OK

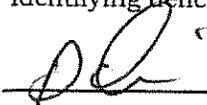
**Security Monitoring:** System Monitored: YES  
Account Number: #G8D1569  
Contact Number: 1-800-653-9111  
Password: N/A

**Comments:**

1. The emergency light packs were tested. Please see individual report.
2. As a building owner or property manager, we recommend that you conduct a monthly fire alarm test as per CAN/ULC – 5536 – 04 4.2.1. "While on the emergency power supply, inspect and test the fire alarm system monthly to confirm it is operating properly." Should you require assistance or training to perform this task, please call our office for further information.
3. Relays operate MUA fan.

4. Fire alarm bell and relays can be disconnected by pressing bottom right button on fire alarm panel.
5. There is (1) Fire Release Door in this building. Located at exit from office to cell hallway.
6. Fire panel buzzer does not operate.

The fire alarm system, located at **R.C.M.P. - CANMORE DETACHMENT**, has been tested in accordance with CAN/ULC-S536-04 on **July 17, 2014**. The above report clearly defines items that are satisfactory as well as identifying deficiencies. All deficiencies must be corrected for the system to be certified.



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Signature of Inspector:

Dennis Olsen/Paul Marinelli

17 Jul 14

PKX4413/996796

# Banff Fire and Safety

## Emergency Light Test Report

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**Customer:** ROYAL CANADIAN MOUNTED POLICE  
CANMORE DETACHMENT

**Location:** 101 Elk Run Blvd., Canmore

**Date:** July 17, 2014

**Contact:** SNC Lavalin - Stan (403) 888-3605

**Contact:** On-site -

LOCATION:	DEVICE:	MT	OPERATION:	COMMENTS:
Basement Hallway	24volt 350watt	7	OK	
Guards Room	24volt 350watt	8	OK	
Women's Washroom	24volt 350watt	7	OK	

# Banff Fire and Safety

## Fire Extinguisher Inspection Report

**Customer:** ROYAL CANADIAN MOUNTED POLICE  
**Location:** CANMORE DETACHMENT - VEHICLES  
**Address:** 101 Elk Run Blvd., Canmore  
**Contact:** On-site -  
**Month:** July 17, 2014

Location	Serial #	Type	D.O.M.	History	2013	2014	2015	Comments
Vehicle # 2A18	189450	5 ABC	2000	RC'04, 6yr'06, HT'12	A	A		
Vehicle # 2B24	94060	5 ABC	2002	6yr'08		HT		
Vehicle # 2B20	186511	5 ABC	2000	RC'04, 6yr'06	HT	A		
Vehicle # 2B41	664042	5 ABC	2009	RC'12		X		Not Located
Vehicle #2B17	701690	5 ABC	2008	RC'09	RC	X		Not Located
Vehicle #2B1	75907	5 ABC	2002	6yr'08	HT	X		Not Located
Vehicle #2B55	358846	5 ABC	2007	RC'08	A	X		Not Located
Vehicle	882033	5 ABC	2009		RC	X		Not Located
Vehicle	279971	5 ABC	1988	HT'04, 6yr'10		A		
Vehicle	426482	5 ABC	2009			A		
Vehicle	923555	5 ABC	2013			A		
Vehicle	369504	5 ABC	2011			A		
Spare	882033	5 ABC	2009	RC'13		A		
Spare	32144	5 ABC	2002		HT	A		Not Located
Spare	57859	5 ABC	2000		HT	X		Not Located

### Comments:

1. Several fire extinguishers were not located to complete testing. All fire extinguishers require testing annually to ensure operation in the event of an emergency.

# Banff Fire and Safety

## Fire Extinguisher Inspection Report

**Customer:** ROYAL CANADIAN MOUNTED POLICE  
**Location:** CANMORE DETACHMENT  
**Address:** 101 Elk Run Blvd., Canmore  
**Contact:** SNC Lavalin - Stan (403) 888-3605  
**Contact:** On-site -  
**Month:** July 17, 2014

Location	Serial #	Type	D.O.M.	History	2013	2014	2015	Comments
Rear Door	864883	10 ABC	1985	HT'97, 6yr'03 RC'04, HT'09	A	A		General Brand
File Room	201281	5 ABC	2000	RC'04, 6yr'06, HT'12	A	A		
Office Area by F.A. Panel	37603	5 ABC	1991	6yr'01, HT'03 6yr'09	A	A		
By Photocopy machine	185988	5 ABC	2000	6yr'06, HT'12	A	A		
Basement Hallway	864920	10 ABC	1985	6yr'91, HT'05 6yr'11	A	A		General Brand
By Cell Area	865004	10 ABC	1985	HT'97, 6yr'03 HT'09	A	A		General Brand
Basement Dressing Room	864735	10 ABC	1985	HT'97, 6yr'03 HT'09	A	A		General Brand
Basement Electrical Room	311237	5 CO2	2006	HT'11	A	A		
Garage - Cold Storage	942189	5 ABC	2010		A	A		
Spare	201292	5 ABC	2000	6yr'06, RC'07	X	X		Not Located
Spare	403361	5 ABC	1987	HT'05, 6yr'11	X	A		General Brand Jan'14

# FIRE ALARM VERIFICATION REPORT



**Project:** Cardston RCMP Detachment FA Upgrade - PW166323      **Project No.:** 131-21629-00  
**Location:** 145 Main Street, Cardston, Alberta T0K 0K0      **Date:** September 12, 2014  
**To:** SNC-Lavalin, Attn: Sheri Hamilton ([sheri.hamilton@snclavalinom.com](mailto:sheri.hamilton@snclavalinom.com))

## Power Supply (AC and DC) Tests

1. AC Panel name and circuit number(s): Main Electrical Panel ccts 8, 10, 12 (3 pole breaker)  
 Circuit breaker(s) painted red: Yes  No   
 Lock on device installed: Yes  No
  
2. DC Voltage with AC on (Note 1)
 

	Main FACP	BPS 1	BPS 2	BPS 3	BPS 4	BPS 5	BPS 6
24 vdc							
3. Charging Current							
  
4. DC Voltage with AC Off (Note 2)
 

	Main FACP	BPS 1	BPS 2	BPS 3	BPS 4	BPS 5	BPS 6
27 vdc							
5. Supervisory Current							
  
6. DC Voltage with AC off After 24 hours (Note 3)
 

	Main FACP	BPS 1	BPS 2	BPS 3	BPS 4	BPS 5	BPS 6
24.8 vdc							
7. Supervisory current	.3						
  
8. DC Voltage with AC off Under Full Load
 

	Main FACP	BPS 1	BPS 2	BPS 3	BPS 4	BPS 5	BPS 6
24.79 vdc							
9. Alarm Current * After 60 min. (Note 4)	2.5 adc						
  
10. DC Voltage Re-charging (Note 5)
 

	Main FACP	BPS 1	BPS 2	BPS 3	BPS 4	BPS 5	BPS 6
26.53 vdc							
Recharging current	3.2 adc						
  
11. Battery Manufacturer and Capacity CASIL CA12180 12V 18AH
  
12. Comments Spoke with Ivy at Reliance to have FA system on "Test" ~ 11:15 am on Sept. 12, 2014.

## Fire Alarm Graphic Tests

Fire Alarm Graphic Installed: Yes  No  Active  Passive   
 Wiring Supervision Open  Ground Fault Checked

WSP Canada Inc.  
 132, 2693 Broadmoor Blvd.  
 Sherwood Park, Alberta Canada T8H 0G1  
 Telephone: 780.410.6740 ~ Fax: 780.449.4050  
[www.wspgroup.com](http://www.wspgroup.com)



**Notes:**

1. *AC power should be connected for a minimum of 48 hours to ensure batteries are fully charged.*
2. *Indicates voltage of fully charged batteries.*
3. *AC power must be disconnected for 24 hours prior to performing load test.*
4. *Operate under full load for a minimum of 30 minutes before recording voltages; operate for 60 minutes for Type B Occupancies (Hospitals, jails, etc.). See Appendix D for silent and silence accelerated tests.*
5. *Batter charging current with AC re-connected after completion of load test.*

\*Full Load = all audible and visual signalling appliances in operation.

Issued by,

A handwritten signature in black ink, appearing to read "Rick W. Serediak".

Rick W. Serediak  
Electrical Contract Administrator  
[rick.serediak@wspgroup.com](mailto:rick.serediak@wspgroup.com)

RWS:vad

## APPENDIX E (INFORMATIVE) – ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORDS

(Reference: 3.7, 5.1.1, 5.1.2)

### E1. FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

(Reference: 5.1.2)

Building name: <u>Clersholm Rcmf</u>		Date: <u>Aug. 19/14</u>
Address	<u>4<sup>th</sup> St. and 48<sup>th</sup> ave. West</u>	
System manufacturer: <u>Edwards Quicksert</u>		Model number: <u> </u>

A	System provides single-stage operation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--
B	System provides two-stage operation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	--
C	The entire fire alarm system has been inspected and tested in accordance with CAN/ULC-S536, Inspection and Testing of Fire Alarm Systems.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--
D	The fire alarm system documentation is on site and includes a description of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	The fire alarm system is fully functional.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	The fire alarm system has deficiencies noted on the pages attached.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Comments <u>Card 01 - M&amp;P fault</u> <u>Needs Programming Chubb Edwards only one with program</u>			
H	A copy of this report will be given to the following, who is the owner or owner's representative for this building: <u>SNC Lavalin O&amp;M</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--

This is to certify that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete.

Kyle Hartman  
Printed Name of Primary or Supervising Technician Conducting the Test and Inspection

KOST Fire Safety  
Company

403-894-5953  
Telephone

[Signature]  
Signature of Primary or Supervising Technician Conducting the Test and Inspection

4998  
Identification Number of Primary or Supervising Technician Conducting the Test and Inspection

Printed Name of Technician Conducting the Test and Inspection

Company

Telephone

Signature of Technician Conducting the Test and Inspection

Identification Number of Technician Conducting the Test and Inspection



...Continued E2.1

U	Output circuit supervision fault causes a trouble indication.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V	Visual indicator test (lamp test).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
W	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
X	Coded signal sequences are not interrupted by subsequent alarms.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Y	Ancillary device by-pass will result in a trouble signal.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Z	Input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
AA	Fire alarm system reset operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
BB	Main power supply to emergency power supply transfer operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CC	Status change confirmation (smoke detectors only) verified. [Refer Subsection 5.7.4.3, Status Change Confirmation (Alarm Verification Feature)].	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
DD	Receipt of the alarm transmission to the fire signal receiving centre.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
EE	Receipt of the supervisory transmission to the fire signal receiving centre.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
FF	Receipt of the trouble transmission to the fire signal receiving centre.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
GG	Record the name and telephone number of the fire signal receiving centre.	Name: Protection Telephone: 1-800-653-9111		
HH	Operation of the fire signal receiving centre disconnect means results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.2 VOICE COMMUNICATION TEST

(Reference: Clause 5.1.3, 5.2.3.1)

N/A

A	Power 'ON' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	All-call voice paging, including visual indicator, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	<i>Output circuits</i> for selective voice paging, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Output circuits</i> for selective voice paging trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Operation of voice paging does not interfere with initial inhibit time of <i>alert signal</i> or <i>alarm signal</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	All-call voice paging operates (on <i>emergency power supply</i> ).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Circuits for emergency telephone call-in operation, including audible and visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Circuits for emergency telephones for operation, including two-way voice communication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	Emergency telephone verbal communication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Emergency telephone operable or in-use tone at handset operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.3 CONTROL UNIT OR TRANSPONDER INSPECTION

(Reference: Clauses 5.1.3, 5.2.4.1)

N/A

Control unit or transponder location:				
Control unit or transponder identification:				
A	Input circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Correct designations for common control functions and indicators.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Plug-in components and modules securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Plug-in cables securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Record the date, revision and version of <i>firmware</i> and <i>software program</i> .	Date: _____		
		Rev: _____	Ver: _____	
G	Clean and free of dust and dirt.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Fuses in accordance with manufacturer's <i>specification</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Control unit or transponder lock functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Termination points from wiring to <i>field devices</i> secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.4 POWER SUPPLY INSPECTION

(Reference: Clauses 5.1.3, 5.3.1)

Control unit or transponder location: <i>Basement</i>				
Control unit or transponder identification: <i>FACP</i>				
A	Fused in accordance with the manufacturer's marked rating of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Adequate to meet the requirements of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.5 EMERGENCY POWER SUPPLY TEST AND INSPECTION**

(Reference: Clauses 5.1.3, 5.3.2, 5.3.3)

Control unit or transponder location: <u>Basement</u>
Control unit or transponder identification: <u>FACP</u>

A	Correct battery type as recommended by manufacturer.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Battery voltage with <i>main power supply</i> 'ON'.	<u>27.4</u> V dc		
D	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in supervisory condition.	Voltage: <u>26.9</u> V dc Current: <u>    </u> A		
E	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in full load alarm condition.	Voltage: <u>25.1</u> V dc Current: <u>    </u> A		
F	Charging current.	<u>    </u> A		
G	Physical damage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
H	Terminals cleaned and lubricated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Terminals clamped tightly.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Correct electrolyte level.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Specific gravity of electrolyte is within manufacturer's specifications.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Electrolyte leakage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
M	Adequate ventilation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Battery manufacturer's date code or in-service date.	Date: <u>                    </u>		
O	Disconnection causes <i>trouble signal</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Indicate type of battery <i>tests</i> performed: (i) Required supervisory load for 24 h followed by the required full load operation; or (ii) A silent <i>test</i> by using the load resistor method may be used for the full duration <i>test</i> (Refer to Appendix F1, Silent Test); or (iii) Silent accelerated <i>test</i> . (Refer to Appendix F2, Silent Accelerated Test); or (iv) A battery capacity meter <i>test</i> . (Refer to Appendix F3, Battery Capacity Meter Test); or (v) In lieu of the above battery <i>tests</i> , replace the battery with a new set having a current date code, amp-hour capacity and type as recommended by the manufacturer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q	Record calculated battery capacity (Refer to Appendix F4.1-C).	<u>18</u> A·h		
R	Record battery terminal voltage after completion of <i>tests</i> .	<u>25.1</u> V dc		

Continued E2.5 ...

S	Battery voltage not less than 85% of its rating after the tests.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
T	Generator provides power to the AC circuit serving the <i>fire alarm system</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
U	Trouble condition at the emergency generator shall result in an audible common <i>trouble signal</i> and a visual indication at the required <i>annunciator</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

## E2.6 ANNUNCIATOR AND REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(Reference: Clauses 5.1.4, 5.4.1)

Annunciator or remote trouble signal unit location: <i>Main Entrances</i>
Annunciator or remote trouble signal unit identification: <i>Annunciator 1</i>

A	Power 'on' indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm, and supervisory <i>input zones</i> are clearly indicated and separately designated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory <i>zone</i> designation labels are properly identified.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common <i>trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator <i>test (lamp test)</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Alarm signal</i> silence visual indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per <i>design</i> and <i>specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary function visual indicators operate.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of <i>alarm signal</i> and indication operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Displays are visible in installed location operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Operates on emergency power.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.7 ANNUNCIATORS OR SEQUENTIAL DISPLAYS**

(Reference: Clauses 5.1.4, 5.4.2)

*N/A*

<i>Annunciator or sequential display location:</i>
<i>Annunciator or sequential display identification:</i>

A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm and supervisory zone indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> (See exception)
	Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other <i>annunciator(s)</i> and <i>sequential display(s)</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Specify Method of confirmation: _____ _____			
	Minimum of one alarm zone and one supervisory zone tested per <i>annunciator</i> or <i>sequential display</i> to confirm operation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory zone designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator <i>test (lamp test)</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Alarm signal</i> silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per <i>design</i> and <i>specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary functions visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of <i>alarm signal</i> and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Displays are visible in installed location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.8 REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION**(Reference: Clauses 5.1.4, 5.4.3) *N/A*

Remote <i>trouble signal</i> unit location:
Remote <i>trouble signal</i> unit identification:

A	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Audible <i>trouble signal</i> silence operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.9 PRINTER TEST** *N/A*

(Reference Clauses 5.1.4, 5.5.1)

Printer location:
Printer identification:

A	Operates as per <i>design and specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	<i>Zone</i> of each alarm initiating device is correctly printed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Rated voltage is present.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.10 DATA COMMUNICATION LINK TEST**

(Reference: Subsection 5.1.5, 5.6-Note)

N/A

Control unit or transponder location:
Control unit or transponder identification:
Data communication link identification:

A	Confirm that a <i>trouble signal</i> is received at the <i>control unit</i> or <i>transponder</i> under an open loop fault for each <i>data communication link (DCL)</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Where <i>fault isolation modules</i> are installed in <i>data communication links</i> serving <i>field devices</i> , wiring shall be shorted on the isolated side, <i>annunciation</i> of the fault confirmed, and then a <i>field device</i> on the source side shall be operated, and activation confirmed at the <i>control unit</i> or <i>transponder</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Where fault isolation in <i>data communication links</i> is provided between <i>control units</i> or <i>transponders</i> and between <i>transponders</i> , introduce a <i>short circuit fault</i> and confirm <i>annunciation</i> of the fault and operation outside the shorted section between each pair of:			
	(i) <i>Control unit to control unit</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(ii) <i>Control unit to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(iii) <i>Transponder to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.11 ANCILLARY DEVICE CIRCUIT TEST**

(Reference: Clause 5.2.2.1-Z)

RECORD SPECIFIC TYPE OF ANCILLARY CIRCUIT	OPERATION OF ANCILLARY CIRCUIT CONFIRMED		
Dieter	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Note: The tests reported on this Form do not include the actual operational test of ancillary devices.

**E2.12 REMARKS**

(Reference: E2)

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(Attach additional sheets if further remarks are required)

### E3. FIELD DEVICE RECORD

(Reference: Clause 5.1.6)

#### E3.1 FIELD DEVICE TESTING — LEGEND AND NOTES

(Reference: Clauses 5.7.4.1.3, 5.7.4.1.4, 5.7.4.1.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.2, 5.7.8.2.4)

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual Pull Station	<i>Edward</i>	<i>220-5PC</i>
RHT	Heat Detector, Restorable	<i>Edward</i>	
HT	Heat Detector, Non-restorable	<i>Edward</i>	
S	Smoke Detector  Sensitivity Test Method or Test Equipment: Model/Method: <u>Smoke check</u>  Manufacturer Sensitivity Range: Sensitivity Range: _____	Not applicable	Not applicable
RI	Remote Indicator Unit		
DS	Duct Smoke Detector		
--	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch		
SS	Sprinkler Supervisory Device		
--	Other Supervisory Devices (Low Pressure, Low Water, Low Temperature, Power Loss, etc.)		
EM	Fault Isolation Module		
B	Bell		
H	Horn	<i>Edward</i>	
V	Visible Signal Device	<i>Edward</i>	
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
AD	Ancillary Device		
ET	Emergency Telephone		
EOL	End-of-Line Resistor		

#### The following notes apply to Appendix E3.2, Individual Device Record:

- NOTE 1: Smoke detector sensitivity confirmation or measurement should be recorded in the remarks column.
- NOTE 2: Smoke detector cleaning or replacement date should also be recorded in the remarks column.
- NOTE 3: Status Change, including time delay, should be recorded in the remarks column.
- NOTE 4: Duct smoke detector pressure differential should be confirmed and recorded in the remarks column.

E3.1 continued...

Continued E3.1 ...

- NOTE 5: Time delay setting of water flow switch should be recorded in the remarks column.
- NOTE 6: Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.
- NOTE 7: Upper and lower pressure setting of *supervisory devices* should be recorded in the remarks column.
- NOTE 8: Low temperature setting should be recorded in the remarks column.
- NOTE 9: Identify the specific *ancillary devices* in the remarks column.
- NOTE 10: Identify date *field device* changed in the remarks column.
- NOTE 11: Identify correct *field device* operation (e.g., alarm, trouble, supervisory, annunciation indication).
- NOTE 12: Identify *zone*, circuit number, or address.
- NOTE 13: Identify *conventional field device* locations.
- NOTE 14: Identify *active field device* and *supporting field device*, *data communication link (DCL)*, address and location.
- NOTE 15: Test and confirm *conventional field device* supervision of wiring.
- NOTE 16: Confirm *field device* free of damage.
- NOTE 17: Confirm *field device* free of foreign substance (e.g. paint).
- NOTE 18: Confirm *field device* mechanically supported independently of the wiring.
- NOTE 19: Confirm *field device* protective dust shields or covers removed.
- CAUTION: The tests reported on this Form do not include the actual operational test of *ancillary devices*.

E3.2 INDIVIDUAL DEVICE RECORD

(Reference: Clauses 5.7.1.3, E3.1)

BUILDING NAME: Crestholm RCMP

PAGE 1 OF 2

DATE: Aug 19/14

Device Legends And Notes Are Listed In Appendix E3.1, Field Device Testing -- Legend and Notes

LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
Weight Room	Heat Det	/		/	/		
Communication Rm	Heat Det	/		/	/		
Basement Storage	Heat Det	/		/	/		
Pull Station Basement	Pull St	/		/	/	001	
Furnace Room	Heat Det	/		/	/		
Crawl Space	Heat Det	/		/	/		
Basement Stair	Pull Stat	/		/	/	003	
Basement Stair	Smoke Det	/		/	/	001	
Corridor South	Smoke Det	/		/	/	001	
File Room	Smoke Det	/		/	/	002	
Communication	Smoke Det	/		/	/	004	
Corridor 3	Pull Stat	/		/	/	003	
Office Storage	Smoke Det	/		/	/	004	
South Corridor	Smoke Det	/		/	/	005	
Male Cell	Smoke Det	/		/	/	006	
Corridor	Pull Stat	/		/	/	007	
Phone Room	Smoke Det	/		/	/	008	
Female Cell	Smoke Det	/		/	/	009	
Secure Bay	Pull Stat	/		/	/	010	
Secure Bay	Heat Det	/		/	/		
2nd Floor Corridor	Smoke Det	/		/	/	011	
Interview Rm	Heat Det	/		/	/		
2nd Floor office	Heat Det	/		/	/		
Coffee Room	Smoke Det	/		/	/	002	





**SAFE BLU**  
**Strathmore, AB.**  
**Ph: 934 9387 Fax: 934 9344**

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**FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT**

DATE: JULY 14, 2014

BUILDING NAME: COCHRANE RCMP

ADDRESS: 359 – 1<sup>ST</sup> STREET E.

COMPANY: SNC LAVALIN

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NO: 403 932 2213

SYSTEM MANUFACTURER: QUICKSTART EST

MODEL NO: QS-1

OPERATION: SINGLE STAGE:

TWO STAGE:

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**TEST RESULTS**

(EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE SPACE PROVIDED)

This is to certify that the Fire Alarm System has been tested and inspected in accordance with Section 5 periodic inspections and tests – daily and monthly; and Section 6, periodic inspections and tests – yearly, and these records document the results of testing performed.

1. The Fire Alarm System is now fully functional. Yes  No

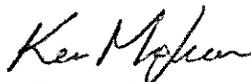
OR

2. The Fire Alarm System has deficiencies noted on the pages attached. Yes  No

Comments:

TRAFFIC CONTROL OFFICE SMOKE DET ENNUNCIATES AS VICTIM SERVICE OFFICE AT FIRE PANEL  
STAIRWELL SMOKE DETECTORS DO NOT HAVE CLEAR LABELING ON DEVICE – NO LOCATION JUST  
SAYS SMOKE DETECTOR, CELL ROOM NUMBERS HAVE CHANGED ON THE DOORS FROM 139 – 145 TO  
1 - 7

A copy of this report will be given to: ROGER WAIDSON



Ken MacLean  
Signature of Technician

P0553

Technician's Certification Number

24-7 Fire & Electrical Services Ltd.

Company Name

<b>PRE-TEST CHECKLIST</b>		
1.	Is there a fire department interconnection?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, take necessary steps to alert central station/fire department, etc.		
<b>DO NOT USE THE FIRE DEPARTMENT EMERGENCY TELEPHONE NUMBER. (IN CALGARY USE THE NON-EMERGENCY PHONE NUMBER 264-1022)</b>		
Name of person contacted at the central station or fire department:		
_____	_____	_____
Name	Title	Phone No.
Date and time fire alarm system is out of service:		
Date and time fire alarm is back in service:		
2.	Do you have auxiliary functions that can impair building functions such as elevator capture, fan shutdown, door holders, etc.?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2a.	Can these be disabled and tested by groups?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3.	Have building occupants been made aware of fire alarm testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
4.	Has a pre-determined time been established for testing signaling devices?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
5.	Have provisions been made for acquiring access to the secured areas of the building?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
6.	Has an alternative plan been established to alert occupants and local fire department should an actual fire condition occur during testing?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
7.	The fire alarm system has emergency power provided by:	AC Generator <input type="checkbox"/> Rechargeable battery <input checked="" type="checkbox"/>

**EVERY LINE MUST HAVE THE APPROPRIATE MARKING IN THE BOX PROVIDED**

YES	NO	NOT APPLICABLE (NA)
Tested correctly	Did not test correctly (See Remarks Section)	Function or feature not provided on this fire alarm system.

<b>ALARM SIGNAL TESTS</b>	YES	NO	NA
All alarm signaling appliances sound simultaneously in the general alarm state powered by the emergency power supply (5 min. minimum duration).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
All audible alarm signals sound simultaneously in the evacuation alarm state powered by the emergency power supply (as per the Alberta Building Code 1990).	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm signals are audible throughout the building.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual alarm signals clearly indicate a visual alarm to all points in the visual alarm area when operated on normal power supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Each audible and visual signaling device has been tested.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NUMBER OF AUDIBLE / VISUAL DEVICES:</b>			

<b>CONTROL UNIT TESTS</b>		YES	NO	NA
Power on Visual Indicator		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Visual Trouble Lamp		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Audible Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble Signal 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"/>
Main Power Supply Failure Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground Fault Tested on Positive and Negative Trouble Signal		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Interconnection to Fire Department Confirmed		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alert Signal Operation		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Alarm Signal Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic Transfer from Alert Signal to Alarm Signal		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Acknowledge Switch Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Inhibit		<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 Visual Indication		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal, when silenced, Automatically Reinitiate Upon Subsequent Alarm		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Automatic Cut – Out Timer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Circuit, Alarm & Supervisory Operation Including Visual Indicator		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Circuit Trouble Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Alarm Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Trouble Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Tests)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reset Operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Power Supply to Emergency Power Supply Transfer		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Panel Locked		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit Interconnection to Monitoring Station		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring Company Name and Phone #	PROTECTRON 1800-653-9111			
Building System ID # and Pass Code ID #	PASSWORD IS GOLDEN			

<b>BATTERY TESTS FIRE ALARM PANEL</b>		
Correct Battery Type as Recommended by Manufacturer	2 X	12V 18Ah
Correct Rating as Determined by Battery Calculations based on Full System Load	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Battery Voltage (AC Power On)	27.3	
Battery Charging Current (AC Power On)	460MA	
Battery Voltage (AC Power Off - Supervisory Condition)	25.2V 460MA	
Battery Voltage (AC Power Off - General Alarm Condition) Full Load	25.2V 550MA	
<b>BATTERY TESTS BOOSTER PANEL</b>		
Correct Battery Type as Recommended by Manufacturer	2 X	12V 13 AH
Correct Rating as Determined by Battery Calculations based on Full System Load	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Battery Voltage (AC Power On)	27.3, 26.6	
Battery Charging Current (AC Power On)	600MA	
Battery Voltage (AC Power Off - Supervisory Condition)	25.6 V 15 MA	
Battery Voltage (AC Power Off - General Alarm Condition) Full Load	25.4V 1.27 AMP	
<b>BATTERY TESTS INSPECTIONS</b>		
Battery Inspected for Physical Damage	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Cleaned and Lubricated	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery Terminals Clamped Tightly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Within Manufacturer's Rated Life Date Code	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Disconnection Causes Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>REMOTE TROUBLE UNIT</b>			
Input Wiring from Control Unit is Supervised	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Visual Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Audible Trouble Signal Silence	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

<b>POWER SUPPLY INSPECTION</b>	YES	NO	NA
Fused in Accordance with Manufacturer's Marked Rating of the System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate to Meet the Requirements of the System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ANNUNCIATOR TESTS FRONT ENTRANCE &amp; CELL BLOCK</b>	YES	NO	NA
Power On Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Alarm & Supervisory Zone Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual Alarm & Supervisory Zone Designation Labels are Properly Identified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Indicator Test (Lamp Test)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input Wiring from Control Unit is Supervised	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switches for Ancillary Functions Operate as Intended	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm Signal Silence Visual Indicator	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Ancillary Functions Visual Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual Activation of Alarm Signal & Indication	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>CONTROL UNIT INSPECTIONS</b>	YES	NO	NA
Input Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output Circuit Designations, Correctly Identified in Relation to Connected Field Devices	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designations for Common Control Functions & Indicators	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cabinet, Plug-In Components, Modules, and Cables Securely in Place	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuses in Accordance with Manufacturer's Specification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>ANCILLARY DEVICES</b>	If no ancillary devices are present check here <input type="checkbox"/>	
TYPE OF DEVICE (List)	OPERATIONAL	
Fan shutdown _____	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>
_____	YES <input type="checkbox"/>	NO <input type="checkbox"/>

\*NOTE: Power supply for ancillary devices must not be from fire alarm power supply circuit.

<b>AFTER TEST CHECKLIST</b>	YES	NO	NA
Reconnect Auxiliary Functions (off site connections)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reconnect Ancillary Functions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reconnect Time Limit Cutouts	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ensure Fire Alarm System is on Normal Power	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Building Management Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advise Fire Department Work Is Completed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ensure That the Alarm System Is Functional	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>SUMMARY</b>		
1. The fire alarm system is now <b>FULLY</b> functional.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
2. The fire alarm system is operational with minor deficiencies as noted in this report.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
3. The fire alarm system has major deficiencies as noted in this report.	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
4. A copy of this report will be given to: SGT. NAN		
BUILDING OWNER / BUILDING OWNER'S REPRESENTATIVE		

TEST AND MAINTENANCE CODES REQUIRE THAT THE BUILDING OWNER FOR A MINIMUM OF TWO YEARS MAINTAIN THIS RECORD.

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**DEVICE LEGEND**

Bell	B	Pressure Switch	PS
Duct Smoke Detector	DS	Remote Relay	REL
Fire Phone	FP	Heat Detector, Rate of Rise	RHT
Sprinkler Flow Switch	FS	Smoke Detector	S
Horn	H	Smoke Alarm	SA
Horn/Strobe Combination	HS	Paging Speaker	SP
Heat Detector, Fixed Temperature	HT	Sprinkler Tamper Switch	TS
Manual Pull Station	M	Visual Appliance	V

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**TECHNICIANS REMARKS / DEFICIENCY FIRE ALARM / SPRINKLER SYSTEM**

POWER ON LAMP SHOULD BE REPLACED  
CELL ALARM AUDIBLE DOES NOT WORK  
BATTERIES ARE UNDER SIZED FOR PANEL. PANEL WILL NOT HOLD ANY LARGER SIZE BATTERIES

**EMERGENCY / EXIT LIGHTING:**  
FOUND WRONG TYPE OF BATTERIES INSTALLED IN EMERGENCY LIGHTING PACK



**SAFE BLU  
Strathmore, AB.**

Date: JULY 14, 2014		Location: RCMP COCHRANE				
		Contact: SGT. ROGER WATSON Phone: 403 932 2213				
LOCATION	ZONE	DEVICE	ALARM	TROUBLE	GROUND	NOTES
WEST STAIRWELL	85	S	✓			NO DESCRIPTOR ON PANEL
WEST STAIRWELL HALL	86	S	✓			NO DESCRIPTOR ON PANEL
WOMENS CHANGE ROOM	126	M	✓			
WOMENS CHANGE ROOM	32	RHT	✓			
MECHANICAL ROOM 201	B1	H/S	✓			
MECHANICAL ROOM 201	52	RHT	✓			
MECHANICAL ROOM 201	51	RHT	✓			
MECHANICAL ROOM 201	53	DS	✓			
MECHANICAL ROOM 201	54	DS	✓			
MECHANICAL ROOM 201	55	DS	✓			
MECHANICAL ROOM 201	134	RELAY	✓			FAN SHUTDOWN
EXERCISE RM	31	RHT	✓			
MENS LOCKER ROOM	30	RHT	✓			
EAST LOCKER ROOM	B1	H/S	✓			
MENS LOCKER ROOM	127	M	✓			
ELECTRICAL-TELE RM	28	RHT	✓			
MENS LOCKER STORAGE ROOM	29	RHT	✓			OFF OF MENS LOCKER ROOM
<b>CELL BLOCK AREA</b>						
GUARD ROOM 130	130	S	✓			
GUARD ROOM 130	131	M	✓			
GUARD WASHROOM 131	75	S	✓			
INTERVIEW ROOM 132	71	S	✓			
BREATH TEST 134	66	S	✓			
BOOKING ROOM 135	87	S	✓			
STORAGE 133	67	S	✓			
BOOKING ROOM 135	65	S	✓			
PATROL CORRIDOR 136	72	S	✓			
PATROL CORRIDOR 136	73	S	✓			
MATRON PATROL 137	74	S	✓			CELLBLOCK EAST HALL
CELL #139	77	S	✓			CELL #1
CELL #140	78	S	✓			CELL #2
CELL #141	79	S	✓			CELL #3
CELL #4		S	✓			NO ACCESS/OCCUPIED
CELL 143	81	S	✓			CELL #5
CELL #6		S	✓			NO ACCESS/OCCUPIED
CELL #7		S	✓			NO ACCESS/OCCUPIED
WEST HALLWAY	B1	H/S	✓			
SECURE BAY 146	49	RHT	✓			
SECURE BAY 146	132	M	✓			
CRAWL SPACE	18	HT	✓			
CRAWL SPACE	19	HT	✓			
CRAWL SPACE	20	HT	✓			
CRAWL SPACE	21	HT	✓			
CRAWL SPACE	22	HT	✓			
CRAWL SPACE	23	HT	✓			
CRAWL SPACE	24	HT	✓			
CRAWL SPACE	25	HT	✓			
CRAWL SPACE	26	HT	✓			
CRAWL SPACE	27	HT	✓			



## Inspection and Testing of Fire Alarm Systems

 <p><b>Centratech Technical Services Ltd</b>                  # 1 – 7644 – 49<sup>th</sup> Ave                  Red Deer, Alberta</p>	Date of Service: June 18, 2014	Time: 10:00 am	
	Annual Inspection YES		Last Service Date 2012
	Single Stage YES	Two Stage	Direct Connection
	Manufacturer: Mircom		Model: FX-2001-6K
Building Name: K240 RCMP Detachment	Contact Person: Stan Scott	Phone:	Fax:
Address: Box 458	Owner:	Phone:	Fax:
City: Consort, AB                      Postal Code:	Fire Signal Receiving Centre: Yes	Phone:	Fax:

“Yes”- Acceptable    “No” - Unacceptable    (Explain No answers in comments)

Yes	No	Summary
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The entire fire alarm system has been inspected and tested in accordance with CAN/ULC S536
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The fire alarm system documentation is on site and includes a description of the system.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	The fire alarm system is fully functional.
<input type="checkbox"/>	<input checked="" type="checkbox"/>	The fire alarm system has deficiencies noted.
<input checked="" type="checkbox"/>	<input type="checkbox"/>	A copy of this report is given to the Owner or the owner's representative.

	Technicians After-test Checklist
NA	Reconnect time limit cutouts?
YES	Reconnect ancillary functions?
YES	Reconnect ancillary functions (off site connections)?
YES	Reconnect signal power?
NA	Advise fire department the testing is completed?
YES	Ensure that the alarm system is functional?

### Comments

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I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
Korey Campbell CFFA 11-996672 <i>[Signature]</i> Technician	June 18, 2014 Date	1:00 pm Time	Owner or Authorized Agent

# Inspection and Testing of Fire Alarm Systems

Date June 18, 2014

Building Name: K240 Consort R.C.M.P

“Yes” - Tested correctly “No” - Did not test correctly (Explain NO answers in comments) “NA” Not applicable

<b>2.1 Control Unit or Transponder Tests</b>	<u>yes</u>	Termination points from wiring to field devices secure
<u>yes</u> Power on visual indicator operates.	<u>yes</u>	<b>2.6 Annunciator &amp; Remote Trouble Test &amp; Inspection</b>
<u>yes</u> Common visual trouble signal operates.	<u>yes</u>	Power on indicator operates.
<u>yes</u> Common audible trouble signal operates.	<u>yes</u>	Individual alarm and supervisory input zone clearly
<u>yes</u> Trouble signal silence switch operates.	<u>yes</u>	Indicated and separately designated?
<u>yes</u> Main Power supply failure trouble signal operates.	<u>yes</u>	Individual alarm and supervisory zone labels identified.
<u>yes</u> Ground fault tested on positive and negative trouble signal	<u>yes</u>	Common trouble signal operates.
<u>yes</u> Alert signal operation operates.	<u>yes</u>	Visual indicator test - Lamp test operates.
<u>yes</u> Alarm signal operation operates.	<u>yes</u>	Input wiring from control unit/transponder is supervised.
<u>yes</u> Automatic transfer from alert to alarm signal operates.	<u>yes</u>	Alarm signal silence visual indicator operates.
<u>yes</u> Manual transfer from alert signal to alarm signal operates.	<u>yes</u>	Switches for ancillary function operate as per design.
<u>yes</u> Auto transfer from alert to alarm signal cancel operates	<u>yes</u>	Other ancillary function visual indicators operate.
<u>yes</u> Alarm signal silence inhibit function operates?	<u>yes</u>	Manual activation of alarm signal and indication operates.
<u>yes</u> Alarm signal manual silence operates.	<u>yes</u>	Displays are visible in installed location operates?
<u>yes</u> Alarm signal silence visual indication operates.	<u>yes</u>	Operates on emergency power?
<u>yes</u> Alarm signal when silenced automatically reinitiates on subsequent alarm?	<u>yes</u>	<b>2.4 Power Supply Inspection</b>
<u>na</u> Alarm signal silence automatic cut-out timer.	<u>yes</u>	Fused with mfgs marked rating of the system?
<u>yes</u> Audible visual and alert and alarm signals programmed and operate as per design & specification. (app C)	<u>yes</u>	Adequate to meet the requirements of the system?
<u>yes</u> Input circuit alarm and supervisory operation including audible and visual indication operates.	<u>na</u>	<b>2.8 Remote Trouble Signal Unit Test and Inspection</b>
<u>yes</u> Input circuit supervision fault causes a trouble indication.	<u>na</u>	Input wiring form control/transponder is supervised.
<u>yes</u> Output circuit alarm indicators operate.	<u>na</u>	Visual trouble signal operates.
<u>yes</u> Output circuit supervision fault causes a trouble indication.	<u>na</u>	Audible trouble signal operates.
<u>yes</u> Visual indicator test (lamp test).	<u>na</u>	Audible trouble signal silence operates.
<u>yes</u> Coded signal sequence operate not less than the required number of times and the correct alarm signal thereafter.	<u>yes</u>	<b>2.5 Emergency Power Supply Test and Inspection</b>
<u>yes</u> Coded signal sequences are not interrupted by subsequent alarms?	<u>yes</u>	Correct battery type as recommend by manufacturer?
<u>yes</u> Ancillary circuit by-pass will result in a trouble signal.	<u>yes</u>	Correct rating as determined by battery calculations based on full system load?
<u>yes</u> Input circuit to output circuit operation including ancillary device circuits, for correct program operation as per design & spec. (App "C")	<u>yes</u>	Battery voltage main power on? <b>27.1VDC</b>
<u>yes</u> Fire alarm Reset operates.	<u>yes</u>	Battery voltage and current with main power supply "off" and fire alarm in supervisory condition? Voltage <b>25.2VDC</b> Current <b>600MA</b>
<u>yes</u> Main power to emergency power supply transfer operates.	<u>yes</u>	Battery voltage and current with main power supply "off" and fire alarm in full load alarm condition? Voltage <b>24.6VDC</b> Current <b>600MA</b>
<u>yes</u> Status change confirmation (smoke detectors) verified	<u>yes</u>	Charging current is <b>600MA</b>
<u>yes</u> Receipt of alarm transmission to signal receiving center?	<u>na</u>	Inspected for physical damage?
<u>na</u> Receipt of supervisory trans to signal receiving center?	<u>yes</u>	Terminal cleaned and lubricated?
<u>yes</u> Receipt of trouble transmission to signal receiving center?	<u>na</u>	Terminals clamped tightly.
<u>yes</u> Operation of the fire signal receiving center disconnect results in a specific trouble indication at control unit?	<u>na</u>	Correct Electrolyte level?
<b>2.3 Control Unit or Transponder Inspection</b>	<u>no</u>	Specific gravity within mfg specifications?
<u>yes</u> Input circuit designations, correctly identified in relation to connected field devices	<u>yes</u>	Electrolyte leaks.
<u>yes</u> Output circuit designations correctly identified in relation to connected field devices.	<u>yes</u>	Adequately ventilated?
<u>yes</u> Correct designations-common control functions / indicators	<u>yes</u>	Battery mfg's date code or in-service date
<u>yes</u> Plug-in components and modules securely in place?	<u>yes</u>	Disconnection causes trouble signal.
<u>yes</u> Plug-in cables securely in place		Indicate type of Battery Test Performed?
<u>na</u> Record date, revision and version of Firmware & software		(1) supervisory load for 24h followed by full load operation.
Date:      Rev:      Ver:		(2) silent test by using load resister method -App F1
<u>yes</u> Clean and free of dust and dirt?		(3) Silent accelerated test - App F2
<u>yes</u> Fuses in accordance with MFGs specification?	<u>yes</u>	(4) A battery capacity meter test App F3
Control Unit or transponder lock functional?		(5) In lieu of battery tests, Replace with new set having current date code, as per mfg
	<u>na</u>	Record calculated battery capacity App F4.      A h
	<u>na</u>	Record battery terminal voltage after tests      V dc
	<u>na</u>	Battery voltage not less than 85% of its rating after tests.
	<u>na</u>	Generator provides power to the AC circuit for FA syst.

## Inspection and Testing of Fire Alarm Systems

Date June 18, 2014

Building Name: K240 Consort R.C.M.P

**“Yes” - Tested correctly “No” - Did not test correctly (Explain NO answers in comments) “NA” Not applicable**

<p><b>2.5 Emergency Power Supply Test and Inspection</b></p> <p><u>na</u> Trouble condition at the em gen shall result in an audible common trouble signal and a visual indication at the required annunciator?</p> <p><b>2.7 Annunciator (Guard station)</b></p> <p><u>yes</u> Power on indicator operates.</p> <p><u>yes</u> Individual alarm, supervisory zone indication operates. ( <b>Exception:</b> operation of each individual alarm and supervisory zone indication, or lights the identical indicators at the other annunciators and sequential display) Specify method of confirmation</p> <p><u>yes</u> Minimum of 1 alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.</p> <p><u>yes</u> Individual alarm and supervisory zone labels identified.</p> <p><u>yes</u> Common trouble signal operates.</p> <p><u>yes</u> Visual indicator test (lamp test) operates.</p> <p><u>yes</u> Input wiring form control unit/transponder supervised</p> <p><u>yes</u> Alarm signal silence visual indicator operates.</p> <p><u>yes</u> Switches for ancillary function operate as per design.</p> <p><u>yes</u> Other ancillary functions visual indicators operate.</p> <p><u>yes</u> Manual activation of alarm signal and indication operate.</p> <p><u>yes</u> Displays are visible in installed location.</p> <p><b>2.9 Printer Testing</b></p> <p><u>na</u> Operation as per design and specification?</p> <p><u>na</u> Zone of each alarm initiating device is correctly printed.</p> <p><u>na</u> Rated voltage is present.</p> <p><b>2.10 Data Communication Link Test (DCL)</b></p> <p><u>na</u> Confirm that a trouble signal is receive at the control unit or transponder under an open loop fault for each DCL</p> <p><u>na</u> Where fault isolation modules are installed in DCL serving field devices, wiring shall be shorted on the isolated side, annunciation of the fault confirmed, and then a field device on the source side shall be operated, and activation confirmed at the control unit or transponder.</p> <p><u>na</u> Where a fault isolation in DCL is provided between control units/transponders and between</p> <p><u>na</u> Transponders, introduce a short circuit fault and confirm Continued.....</p>	<p>Annunciation of the fault and operation outside the shorted section between each pair of :</p> <p><u>na</u> (i) Control unit to control unit</p> <p><u>na</u> (ii) Control unit to transponder</p> <p><u>na</u> (iii) Transponder to transponder</p> <p><b>2.2 Voice Communication Inspection/Tests</b></p> <p><u>na</u> Power “ON” operates?</p> <p><u>na</u> Common visual trouble signal operates.</p> <p><u>na</u> Common audible trouble signal operates.</p> <p><u>na</u> Trouble signal silence switch operates.</p> <p><u>na</u> All call voice paging including visual indicator operates? Output circuits for selective voice paging including visual indication operates.</p> <p><u>na</u> Output circuits for selective voice paging trouble operation including visual indication operates.</p> <p><u>na</u> Microphone including press to talk switch operates.</p> <p><u>na</u> Operation of voice paging does interfere with initial inhibit time of alert and alarm signal?</p> <p><u>na</u> All call voice paging operates on emergency power?</p> <p><u>na</u> Upon failure of one amplifier, system automatically transfers to backup amplifier.</p> <p><u>na</u> Circuits for emergency telephone call in operation including audible and visual indication operates</p> <p><u>na</u> Circuits for emergency telephone for operation, including two way voice communication operates.</p> <p><u>na</u> Circuits for emergency telephones trouble operation including visual indication operates.</p> <p><u>na</u> Emergency telephone verbal communication operates.</p> <p><u>na</u> Emergency telephone operable or in-use tone at handset.</p> <p><b>2.11 Ancillary Device Circuit Test</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 10%;"><u>yes</u></td> <td style="width: 40%;">Circuit</td> <td style="width: 50%;">Monitoring confirmed</td> </tr> <tr> <td><u>na</u></td> <td>Circuit</td> <td>confirmed</td> </tr> <tr> <td><u>na</u></td> <td>Circuit</td> <td>confirmed</td> </tr> <tr> <td><u>na</u></td> <td>Circuit</td> <td>confirmed</td> </tr> </table>	<u>yes</u>	Circuit	Monitoring confirmed	<u>na</u>	Circuit	confirmed	<u>na</u>	Circuit	confirmed	<u>na</u>	Circuit	confirmed
<u>yes</u>	Circuit	Monitoring confirmed											
<u>na</u>	Circuit	confirmed											
<u>na</u>	Circuit	confirmed											
<u>na</u>	Circuit	confirmed											

**Additional Comments:**

**Tested all devices on battery back up.**

## Inspection and Testing of Fire Alarm Systems Individual Device Record

Date June 18, 2014	Building Name: K240 Consort R.C.M.P
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A. Correctly installed.	D. Annunciator indication confirmed.
B. Requires Service, Repairs, missing, or cleaning	E. Zone circuit number or address
C. Alarm operation confirmed	

“Y” - Acceptable “N” – Unacceptable (Explain NO answers in comments) “NA” Not applicable

Device	Location	A	B	C	D	E	Remarks
S	General office room 204	Y	NA	Y	Y	Y	
M	Main entrance	Y	NA	Y	Y	Y	
G	Main entrance	Y	NA	Y	Y	Y	
HT	Interview room 203	Y	NA	Y	Y	Y	
HT	Office/storage room 205	Y	NA	Y	Y	Y	
HT	NCO office room 206	Y	NA	Y	Y	Y	
S	Top of stairs	Y	NA	Y	Y	Y	
S	Multipurpose room	Y	NA	Y	Y	Y	
M	Guard station	Y	NA	Y	Y	Y	
G	Guard station	Y	NA	Y	Y	Y	
S	West cell	Y	NA	Y	Y	Y	
S	East cell	Y	NA	Y	Y	Y	
S	Guard station	Y	NA	Y	Y	Y	
M	Garage exit	Y	NA	Y	Y	6	
HT	Garage	Y	NA	Y	Y	6	
HT	Garage secure bay	Y	NA	Y	Y	Y	
S	Secure storage	Y	NA	Y	Y	Y	
S	Secure storage # 2	Y	NA	Y	Y	Y	
HT	Room 101 east basement	Y	NA	Y	Y	Y	
HT	Room 101 west basement	Y	NA	Y	Y	Y	
HT	Janitor room 104 basement	Y	NA	Y	Y	Y	
M	Basement exit pull	Y	NA	Y	Y	Y	
G	Basement exit pull	Y	NA	Y	Y	Y	
HT	Electrical room basement	Y	NA	Y	Y	Y	
HT	Mech room basement	Y	NA	Y	Y	Y	
HT	Storage room 105 basement	Y	NA	Y	Y	Y	

M. Manual Pull station	DS Duct smoke detector	B Bell	AD Ancillary device
HT Heat detector, non restorable	SFD Supporting field device - monitor	H Horn	ET Emergency Telephone
G General alarm (2 <sup>nd</sup> stage)	FS Sprinkler flow switch	V Visual signal appliance	EOL End of line resistor
RHF Heat detector, Restorable	SS Sprinkler supervisory device	SP Cone type speaker	Other supervisory devices
S Smoke detector	EM Fault isolation module	HSP Horn type speaker	Other type of detector
RI Remote indicator unit	BS Bell & Strobe		
PS Pressure switch			





# CENTRATECH TECHNICAL SERVICES LTD. ANNUAL MAINTENANCE RECORD

Hydrostatic Testing - Breathing Air - Fire Extinguisher Sales, Service, Recharging  
"Your Fire and Safety Specialists"

CUSTOMER: K240 Consort R.C.M.P

JOB TICKET/INVOICE: \_\_\_\_\_

ADDRESS: Box 240

DATE: Jun 18, 2014

Consort, Alberta

TECHNICIAN: Korey

CONTACT: Stan Scott

CASH/ACCOUNT: Account/PO Required

PHONE: (403) 716-4323

PO# (if required): \_\_\_\_\_

#	EXTINGUISHER LOCATION	EXT. SERIAL #	EXT. MAKE	CO	EXT. TYPE	HP	SP	YR MFG	YR HT	YR 6YR	YRHT CART	COMMENTS
1	Back Exit	205750	Amerex		5 ABC		X	08		14		6 Year 2014
2	Basement	98834	Amerex		10 ABC		X	04		10		Inspection
3	Furnace Room	205790	Amerex		5 ABC		X	08		14		6 Year 2014
4	Main Office	459672	Amerex		10 ABC		X	11				Inspection
5												
6	House #1	88160	Amerex		10 ABC		X	09				Inspection
7	House #2	88158	Amerex		10 ABC		X	09				Inspection
8												
9												
10												
11												
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COMMENTS: \_\_\_\_\_  
\_\_\_\_\_

# K KOST

## FIRE - SAFETY

1710A - 31 St. N., Lethbridge, AB T1H 5H1  
 Phone: 403-331-5678 Fax: 403-331-5679

### PORTABLE FIRE EXTINGUISHER SERVICE REPORT

Barry

CUSTOMER NAME: R.C.M.P. <sup>CROWSDIST</sup> <del>Blairmore</del> Blairmore	DATE: Aug 20, 2014
OWNER'S NAME & ADDRESS:	LOCATION: Blairmore AB
BILL TO ADDRESS: 5NE Lavalin OAM	TIME IN:
SHIP TO ADDRESS: 2136 - 127 ST.	TIME OUT:

PHONE # FAX # P.O. #

	LOCATION	MAKE	TYPE	SIZE	SERIAL #	SERVICE	6 YEAR MAINT. RECH.	HYDRO	RECH.	YEAR MADE	LAST HYDRO TEST	LAST 6 YEAR MAINT.	HYDRO TEST N2CART	MISC. & PARTS TOTAL
1	Hall by Garage	Ame	ABC	10	763395	✓				10				
2	Garage	Ame	ABC	5	625251	✓				12				
3	By Front Desk	Ame	ABC	10	545424	✓				13				
4	Staff Room	Ame	ABC	5	610725	✓				12				
5	File Room	Ame	Water	5	524048	✓				07				
6	N.W. Hall Exit	Ame	ABC	5	339052	✓				13				
7	Cell Block Area	Ame	ABC	5	559967	✓				10				
8	2 <sup>ND</sup> Garage	Ame	ABC	5	713129	✓				12				
9														
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

① BL108 Fire Extinguisher Sticker

Fire Alarm Inspection Kyle/Barry

1 1/2 hrs Travel Time

PARTS

EACH

TIMES

TOTALS

SIGNATURE *[Signature]*

## APPENDIX E (INFORMATIVE) – ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORDS

(Reference: 3.7, 5.1.1, 5.1.2)

### E1. FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

(Reference: 5.1.2)

Building name: <u>Bloomfield RCMP</u>	Date: <u>Aug. 20/14</u>
Address: <u>2136 - 127th St.</u>	
System manufacturer: <u>Simplex</u>	Model number: <u>4008</u>

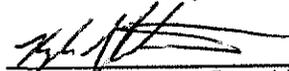
A	System provides single-stage operation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	-
B	System provides two-stage operation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	--
C	The entire <i>fire alarm system</i> has been inspected and tested in accordance with CAN/ULC-S536, Inspection and Testing of Fire Alarm Systems.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	-
D	The <i>fire alarm system</i> documentation is on site and includes a description of the system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	The <i>fire alarm system</i> is fully functional.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	The <i>fire alarm system</i> has deficiencies noted on the pages attached.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
G	Comments			
H	A copy of this report will be given to the following, who is the owner or owner's representative for this building: <u>SAC Caviln. OCM</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	--

This is to certify that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete.

Kyle Heitman  
Printed Name of Primary or Supervising Technician Conducting the Test and Inspection

KOST Fire Safety  
Company

403-894-5953  
Telephone

  
Signature of Primary or Supervising Technician Conducting the Test and Inspection

4998  
Identification Number of Primary or Supervising Technician Conducting the Test and Inspection

\_\_\_\_\_  
Printed Name of Technician Conducting the Test and Inspection

\_\_\_\_\_  
Company

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature of Technician Conducting the Test and Inspection

\_\_\_\_\_  
Identification Number of Technician Conducting the Test and Inspection

## E2. CONTROL UNIT OR TRANSPONDER TEST RECORD

YES  = Tested Correctly    NO  = Did not test correctly    N/A  = Not applicable

(REFER TO REMARKS, E2.12)

FUNCTION OR FEATURE NOT PROVIDED ON THIS FIRE  
ALARM SYSTEM

## E2.1 CONTROL UNIT OR TRANSPONDER TEST

(Reference: Clauses 5.1.3, 5.2.2.1)

Control unit or transponder location: <u>Main Entrance</u>
Control unit or transponder identification: <u>4008</u>

A	Power 'ON' visual indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	<i>Main power supply failure trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	<i>Ground fault</i> tested on positive and negative initiates <i>trouble signal</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Alert signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
H	<i>Alarm signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Automatic transfer from <i>alert signal</i> to <i>alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
J	Manual transfer from <i>alert signal</i> to <i>alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
K	Automatic transfer from <i>alert signal</i> to <i>alarm signal</i> cancel (acknowledge) feature operates on a two-stage system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
L	<i>Alarm signal</i> silence inhibit function operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	<i>Alarm signal</i> manual silence operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	<i>Alarm signal</i> silence visual indication operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	<i>Alarm signal</i> , when silenced, automatically reinitiates upon <i>subsequent alarm</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	<i>Alarm signal</i> silence automatic cut-out timer.	Time: <u>1 min</u>		
Q	Audible and visual <i>alert signals</i> and <i>alarm signals</i> programmed and operate per <i>design</i> and <i>specification</i> ; or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
R	<i>Input circuit</i> , alarm and supervisory operation, including audible and visual indication operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
S	<i>Input circuit</i> supervision fault causes a trouble indication.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
T	<i>Output circuit</i> alarm indicators operate.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

E2.1 continued...

...Continued E2.1

U	Output circuit supervision fault causes a trouble indication.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V	Visual indicator test (lamp test).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
W	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
X	Coded signal sequences are not interrupted by subsequent alarms.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Y	Ancillary device by-pass will result in a trouble signal.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Z	Input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
AA	Fire alarm system reset operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
BB	Main power supply to emergency power supply transfer operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CC	Status change confirmation (smoke detectors only) verified. [Refer Subsection 5.7.4.3, Status Change Confirmation (Alarm Verification Feature)].	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
DD	Receipt of the alarm transmission to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
EE	Receipt of the supervisory transmission to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
FF	Receipt of the trouble transmission to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
GG	Record the name and telephone number of the fire signal receiving centre.	Name: <i>Reliance Protection</i> Telephone: <i>1-800-653-9111</i>		
HH	Operation of the fire signal receiving centre disconnect means results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.2 VOICE COMMUNICATION TEST

(Reference: Clause 5.1.3, 5.2.3.1)

N/A

A	Power 'ON' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	All-call voice paging, including visual indicator, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	<i>Output circuits</i> for selective voice paging, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Output circuits</i> for selective voice paging/trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Operation of voice paging does not interfere with initial inhibit time of <i>alert signal</i> or <i>alarm signal</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	All-call voice paging operates (on <i>emergency power supply</i> ).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Circuits for emergency telephone call-in operation, including audible and visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Circuits for emergency telephones for operation, including two-way voice communication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	Emergency telephone verbal communication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Emergency telephone operable or in-use tone at handset operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.3 CONTROL UNIT OR TRANSPONDER INSPECTION

(Reference: Clauses 5.1.3, 5.2.4.1)

N/A

Control unit or transponder location:				
Control unit or transponder identification:				
A	Input circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Correct designations for common control functions and indicators.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Plug-in components and modules securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Plug-in cables securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Record the date, revision and version of <i>firmware</i> and <i>software program</i> .	Date: _____		
		Rev: _____	Ver: _____	
G	Clean and free of dust and dirt.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Fuses in accordance with manufacturer's <i>specification</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Control unit or transponder lock functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Termination points from wiring to <i>field devices</i> secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.4 POWER SUPPLY INSPECTION

(Reference: Clauses 5.1.3, 5.3.1)

Control unit or transponder location: <i>Main Entrance</i>				
Control unit or transponder identification: <i>4008</i>				
A	Fused in accordance with the manufacturer's marked rating of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Adequate to meet the requirements of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.5 EMERGENCY POWER SUPPLY TEST AND INSPECTION**

(Reference: Clauses 5.1.3, 5.3.2, 5.3.3)

Control unit or transponder location: <u>Main Entrance</u>
Control unit or transponder identification: <u>4008</u>

A	Correct battery type as recommended by manufacturer.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Battery voltage with <i>main power supply</i> 'ON'.	<u>27.4</u> V dc		
D	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in supervisory condition.	Voltage: <u>26.9</u> V dc Current: <u>-</u> A		
E	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in full load alarm condition.	Voltage: <u>26</u> V dc Current: <u>-</u> A		
F	Charging current.	<u>-</u> A		
G	Physical damage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
H	Terminals cleaned and lubricated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Terminals clamped tightly.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Correct electrolyte level.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Specific gravity of electrolyte is within manufacturer's specifications.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Electrolyte leakage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
M	Adequate ventilation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Battery manufacturer's date code or in-service date.	Date: <u>09/09</u>		
O	Disconnection causes <i>trouble signal</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Indicate type of battery <i>tests</i> performed: (i) Required supervisory load for 24 h followed by the required full load operation; or (ii) A silent <i>test</i> by using the load resistor method may be used for the full duration <i>test</i> (Refer to Appendix F1, Silent Test); or (iii) Silent accelerated <i>test</i> . (Refer to Appendix F2, Silent Accelerated Test); or (iv) A battery capacity meter <i>test</i> . (Refer to Appendix F3, Battery Capacity Meter Test); or (v) In lieu of the above battery <i>tests</i> , replace the battery with a new set having a current date code, amp-hour capacity and type as recommended by the manufacturer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q	Record calculated battery capacity (Refer to Appendix F4.1-C).	<u>12</u> Ah		
R	Record battery terminal voltage after completion of <i>tests</i> .	<u>26</u> V dc		

Continued E2.5 ...

S	Battery voltage not less than 85% of its rating after the tests.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
T	Generator provides power to the AC circuit serving the <i>fire alarm system</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
U	Trouble condition at the emergency generator shall result in an audible common <i>trouble signal</i> and a visual indication at the required <i>annunciator</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

## E2.6 ANNUNCIATOR AND REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(Reference: Clauses 5.1.4, 5.4.1)

Annunciator or remote trouble signal unit location: <i>Cell Block</i>
Annunciator or remote trouble signal unit identification: <i>SIMPLEX</i>

A	Power 'on' indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm, and supervisory <i>input zones</i> are clearly indicated and separately designated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory <i>zone</i> designation labels are properly identified.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common <i>trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator <i>test (lamp test)</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Alarm signal</i> silence visual indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per <i>design and specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary function visual indicators operate.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of <i>alarm signal</i> and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
K	Displays are visible in installed location operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Operates on emergency power.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.7 ANNUNCIATORS OR SEQUENTIAL DISPLAYS**

(Reference: Clauses 5.1.4, 5.4.2) *NA*

Annunciator or sequential display location:
Annunciator or sequential display identification:

A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm and supervisory zone indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> (See exception)
	Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Specify Method of confirmation: _____ _____			
	Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory zone designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common trouble signal operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator test (lamp test) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from control unit or transponder is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Alarm signal silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary functions visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of alarm signal and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Displays are visible in installed location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.8 REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(Reference: Clauses 5.1.4, 5.4.3)

Remote <i>trouble signal</i> unit location:				
Remote <i>trouble signal</i> unit identification:				
A	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Audible <i>trouble signal</i> silence operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.9 PRINTER TEST

(Reference Clauses 5.1.4, 5.5.1)

Printer location:				
Printer identification:				
A	Operates as per <i>design</i> and <i>specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	<i>Zone</i> of each alarm initiating device is correctly printed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Rated voltage is present.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.10 DATA COMMUNICATION LINK TEST**

(Reference: Subsection 5.1.5, 5.6-Note) *N/A*

Control unit or transponder location:
Control unit or transponder identification:
Data communication link identification:

A	Confirm that a <i>trouble signal</i> is received at the control unit or transponder under an open loop fault for each <i>data communication link (DCL)</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Where <i>fault isolation modules</i> are installed in <i>data communication links</i> serving <i>field devices</i> , wiring shall be shorted on the isolated side, <i>annunciation</i> of the fault confirmed, and then a <i>field device</i> on the source side shall be operated, and activation confirmed at the control unit or transponder.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Where fault isolation in <i>data communication links</i> is provided between <i>control units</i> or <i>transponders</i> and between <i>transponders</i> , introduce a <i>short circuit fault</i> and confirm <i>annunciation</i> of the fault and operation outside the shorted section between each pair of:			
	(i) <i>Control unit to control unit</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(ii) <i>Control unit to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(iii) <i>Transponder to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.11 ANCILLARY DEVICE CIRCUIT TEST**

(Reference: Clause 5.2.2.1-Z)

RECORD SPECIFIC TYPE OF ANCILLARY CIRCUIT	OPERATION OF ANCILLARY CIRCUIT CONFIRMED		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Note: The *tests* reported on this Form do not include the actual operational *test* of *ancillary devices*.

**E2.12 REMARKS**

(Reference: E2)

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(Attach additional sheets if further remarks are required)

### E3. FIELD DEVICE RECORD

(Reference: Clause 5.1.6)

#### E3.1 FIELD DEVICE TESTING — LEGEND AND NOTES

(Reference: Clauses 5.7.4.1.3, 5.7.4.1.4, 5.7.4.1.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.2, 5.7.8.2.4)

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual Pull Station	Simplex	Simplex address
RHT	Heat Detector, Restorable	Simplex	Simplex address
HT	Heat Detector, Non-restorable	Simplex	Addressable
S	Smoke Detector  Sensitivity Test Method or Test Equipment: Model/Method: <u>Smoke Check</u>  Manufacturer Sensitivity Range: Sensitivity Range: _____	Not applicable	Not applicable
RI	Remote Indicator Unit		
DS	Duct Smoke Detector		
--	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch		
SS	Sprinkler Supervisory Device		
-	Other Supervisory Devices (Low Pressure, Low Water, Low Temperature, Power Loss, etc.)		
EM	Fault Isolation Module		
B	Bell		
H	Horn	Simplex	
V	Visible Signal Device	Simplex	
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
AD	Ancillary Device		
ET	Emergency Telephone		
EOL	End-of-Line Resistor		

#### The following notes apply to Appendix E3.2, Individual Device Record:

- NOTE 1: Smoke detector sensitivity confirmation or measurement should be recorded in the remarks column.
- NOTE 2: Smoke detector cleaning or replacement date should also be recorded in the remarks column.
- NOTE 3: Status Change, including time delay, should be recorded in the remarks column.
- NOTE 4: Duct smoke detector pressure differential should be confirmed and recorded in the remarks column.

E3.1 continued...

### E3. FIELD DEVICE RECORD

(Reference: Clause 5.1.6)

#### E3.1 FIELD DEVICE TESTING — LEGEND AND NOTES

(Reference: Clauses 5.7.4.1.3, 5.7.4.1.4, 5.7.4.1.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.2, 5.7.8.2.4)

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual Pull Station	Simplex	Single address
RHT	Heat Detector, Restorable	Simplex	Single address
HT	Heat Detector, Non-restorable	Simplex	Addressable
S	Smoke Detector Sensitivity Test Method or Test Equipment: Model/Method: <u>Smoke Check</u> Manufacturer Sensitivity Range: Sensitivity Range: _____	Not applicable	Not applicable
RI	Remote Indicator Unit		
DS	Duct Smoke Detector		
--	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch		
SS	Sprinkler Supervisory Device		
--	Other Supervisory Devices (Low Pressure, Low Water, Low Temperature, Power Loss, etc.)		
EM	Fault Isolation Module		
B	Bell		
H	Horn	Simplex	
V	Visible Signal Device	Simplex	
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
AD	Ancillary Device		
ET	Emergency Telephone		
EOL	End-of-Line Resistor		

#### The following notes apply to Appendix E3.2, Individual Device Record:

- NOTE 1: Smoke detector sensitivity confirmation or measurement should be recorded in the remarks column.
- NOTE 2: Smoke detector cleaning or replacement date should also be recorded in the remarks column.
- NOTE 3: Status Change, including time delay, should be recorded in the remarks column.
- NOTE 4: Duct smoke detector pressure differential should be confirmed and recorded in the remarks column.

E3.1 continued...

Continued E3.1 ...

- NOTE 5: Time delay setting of water flow switch should be recorded in the remarks column.
- NOTE 6: Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.
- NOTE 7: Upper and lower pressure setting of *supervisory devices* should be recorded in the remarks column.
- NOTE 8: Low temperature setting should be recorded in the remarks column.
- NOTE 9: Identify the specific *ancillary devices* in the remarks column.
- NOTE 10: Identify date *field device* changed in the remarks column.
- NOTE 11: Identify correct *field device* operation (e.g., alarm, trouble, supervisory, annunciation indication).
- NOTE 12: Identify *zone*, circuit number, or address.
- NOTE 13: Identify *conventional field device* locations.
- NOTE 14: Identify *active field device* and *supporting field device*, *data communication link* (DCL), address and location.
- NOTE 15: Test and confirm *conventional field device* supervision of wiring.
- NOTE 16: Confirm *field device* free of damage.
- NOTE 17: Confirm *field device* free of foreign substance (e.g. paint).
- NOTE 18: Confirm *field device* mechanically supported independently of the wiring.
- NOTE 19: Confirm *field device* protective dust shields or covers removed.
- CAUTION: The tests reported on this Form do not include the actual operational test of *ancillary devices*.

**E3.2 INDIVIDUAL DEVICE RECORD**

(Reference: Clauses 5.7.1.3, E3.1)

BUILDING NAME: Crowsnest Ramp

PAGE 1 OF 2

DATE: Aug 20/14

Device Legends And Notes Are Listed In Appendix E3.1, Field Device Testing – Legend and Notes

LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
Reception	Pull station	/		/	/		
Interview	Smoke	/		/	/		
Garage	Heat	/		/	/		
Furnace Room	Heat	/		/	/		
Server Room	Heat.	/		/	/		
Office	Smoke	/		/	/		
Officer Lazen EM	Smoke	/		/	/		
Near Hall	Smoke	/		/	/		
File Storage	Heat Det.	/		/	/		
Exercise Room	Smoke	/		/	/		
Near Exit	Pull Station	/		/	/		
Corridor Hallway	Smoke	/		/	/		
Breath Room	Smoke	/		/	/		
Guard Washroom	Smoke	/		/	/		
Pre VISIT Room	Smoke	/		/	/		
Female Cell Walk	Smoke	/		/	/		
Female Cell	Smoke	/		/	/		
Guard Room	Smoke	/		/	/		
Holding Cell	Smoke	/		/	/		
Male Cell Walkway	Smoke	/		/	/		
Male Cell South	Smoke	/		/	/		
Male Cell North	Smoke	/		/	/		
Secure Prof	Heat Det	/		/	/		
Garage	Pull Station	/		/	/		
Guard Room Storage	Heat Det	/		/	/		





# K KOST

## FIRE - SAFETY

1710A - 31 St. N., Lethbridge, AB T1H 5H1  
 Phone: 403-331-5678 Fax: 403-331-5679

### PORTABLE FIRE EXTINGUISHER SERVICE REPORT

Page 2

Barry

CUSTOMER NAME: <i>Fort Macleod RCMP</i>	DATE: <i>Aug 19, 2014</i>
OWNER'S NAME & ADDRESS:	LOCATION: <i>Fort Macleod AB</i>
BILL TO ADDRESS: <i>SNC Lavalin 0300</i>	TIME IN:
SHIP TO ADDRESS: <i>2018 - 8th Ave Tol 020</i>	TIME OUT:

PHONE # FAX # P.O. # *DM # 67411710*

	LOCATION	MAKE	TYPE	SIZE	SERIAL #	SERVICE	6 YEAR MAINT. RECH.	HYDRO	RECH.	YEAR MADE	LAST HYDRO TEST	LAST 6 YEAR MAINT.	HYDRO TEST N2CART	MISC. & PARTS TOTAL
1	Back Exit	SF	ABC	10	260885	✓				11				
2	Service Room	Amc.	Halton	5	208703	✓				12				
3	Front Entrance	SF	ABC	10	260516	✓				11				
4	Cell Block	SF	ABC	10	260816	✓				11				
5	attached Garage	SF	ABC	5	347316	✓				10				
6	Electrical Room	SF	ABC	10	260889	✓				11				
7	Garage	Amc.	ABC	10	566426	✓				13				
8	Garage	Amc.	ABC	10	473522	✓				08/13				
9	Lunch Room	Amc.	ABC	5	272088	✓				13				
10														
11														
12														
13														
14														
15														
16														
17														
18														
19														
20														

Emergency lights 1 Hr Labour  
 ① 12V 35AH Battery

Fire Alarm & Inspections Kyle/Karen Barry  
 Sprinkler Inspections Colin

PARTS	EACH													
	TIMES													
SIGNATURE <i>Lori Ewen</i>	TOTALS													

192123

# K KOST

FIRE - SAFETY

Kost Fire Equipment Ltd. (O/A Kost Fire Safety)  
 1710A - 31st North, Lethbridge, AB T1H 5H1  
 PH: 403-331-5678 FAX: 403-331-5679

BARRY,

By Jeff

## EMERGENCY LIGHTING & PARTS SERVICE REPORT

CUSTOMER NAME: Fort Macleod R.C.M.P.		DATE: Jun 19, 2014	
OWNERS NAME & ADDRESS:		LOCATION: Fort Macleod #1	
BILL TO ADDRESS: SNC Lavalin		TIME IN:	
SHIP TO ADDRESS: 2018 - 8th Ave. TOL 020		TIME OUT:	
PHONE#	FAX#	PO# PM# 67411710	
EMERGENCY LIGHTING LOCATION	UNIT MAKE & MODEL	TYPE (EXIT, SINGLE REMOTE, DOUBLE REMOTE, POWER)	COND.
1. N. Exit		Exit	GOOD
2. Hall by office		Double Remote	GOOD
3. Hall by office		Exit	GOOD
4. N. Exit		Double Remote	GOOD
5. Hall way		Double Remote	GOOD
6. Men's Change Rm		Double Remote	GOOD
7. File Room		Double Remote	GOOD
8. Ladies Change Rm		Double Remote	GOOD
9. Office		Double Remote	GOOD
10. Coffee Room	STANPRO	Power Unit	GOOD
11. By Front Desk		Double Remote	GOOD
12. Front Door		Exit	GOOD
13. Front Door		Double Remote	GOOD
14. Front office		Exit	GOOD
15. Officers office		Double Remote	GOOD
EMERGENCY LIGHTING TOTALS		25	1 1/2 HR Labour
PARTS #	QUANTITY	PARTS #	
12V-35AH Battery	1		

SIGNATURE: *Jeri Erwen*

BARRY

3 of 3

## EMERGENCY LIGHTING & PARTS SERVICE REPORT

CUSTOMER NAME: <i>Fort Macleod RCMP</i>		DATE: <i>Aug 19 2011</i>
OWNERS NAME & ADDRESS:		LOCATION: <i>Fort Macleod</i>
BILL TO ADDRESS: <i>SNC Tavalin</i>		TIME IN:
SHIP TO ADDRESS: <i>2018-8th Ave TOL 020</i>		TIME OUT:
PHONE#	FAX#	PO#

EMERGENCY LIGHTING LOCATION	UNIT MAKE & MODEL	TYPE (EXIT, SINGLE REMOTE, DOUBLE REMOTE, POWER)	COMMENTS
1. Officers office		Double Remote	GOOD
2. Cell Area Desk	STANPRO	Power Unit	GOOD
3. Cell Area Desk		Double Remote	GOOD
4. Cell Area Desk		Exit	GOOD
5. Cell Hall		Double Remote	GOOD
6. Cell Hall		Exit	GOOD
7. attached garage		Double Remote	GOOD
8. attached garage		Exit	GOOD
9. Electrical Room	STANPRO	Power Unit	12V 35AH Battery GOOD
10. Exercise Room		Double Remote	GOOD
11.			
12.			
13.			
14.			
15. PANAL C	Breaker #19 #21 #23 in Electrical Room Dist Side.		

EMERGENCY LIGHTING TOTALS		
PARTS #	QUANTITY	PARTS #

SIGNATURE: *Lori Ewen*



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 1710A - 31 Street N. Lethbridge, AB T1H 5H1  
 G.S.T.#R102878220  
 PHONE: 403-331-5678 FAX: 403-331-5679

## Automatic Sprinkler System Report of Inspection

Building Name: RCMP Date: AUG 19/14

Address: FORT MACLEOD

Report to be submitted to: \_\_\_\_\_

Inspected By: Allen Kalinsky

GENERAL	YES	N/A	NO
Is the building occupied?	✓		
Are all systems in service?	✓		
Do non-sprinklered areas or areas where sprinklers are obstructed appear to be adequately protected?	✓		
Is there a minimum of 18" clearance between the top of storage and sprinkler deflector?	✓		
In areas protected by wet systems, does the building appear to be properly heated in all areas, including blind attics and perimeter areas, where accessible?	✓		
Do all exterior openings appear to offer protection against freezing?	✓		
Do the hand hose(s) on the sprinkler system appear to be satisfactory?		✓	
Are there fire hydrants that require annual maintenance?		✓	

Control Valves	YES	N/A	NO
Are all sprinkler system control valves and all other valves in the appropriate open or closed position?	✓		
Are all control valves in the open position and locked, sealed or equipped with a tamper switch?	✓		

Fire Department Connection	YES	N/A	NO
Is the fire department connection in satisfactory condition, couplings free, caps in place, check valve tight and ball drip functioning?	✓		

Wet System & Antifreeze Loop	YES	N/A	NO
Have anti-freeze systems solution been tested?		✓	
Were the antifreeze test results satisfactory?			
Has the excess pressure pump been tested for proper operation?	✓		



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Dry System	YES	N/A	NO
Is the dry valve in service?		<input checked="" type="checkbox"/>	
Are the quick opening devices in service			
Air the air pressure and priming water levels in accordance with manufacturer's specifications?			
Has the operation of the air compressor or nitrogen supply been tested?			
Were low points drained during this inspection?			
Was the dry pipe valve trip tested at this inspection (Every 3 years by code)			
Date dry pipe valve last trip tested: _____ By: _____			
Did the heating equipment in the dry pipe valve room operate at the time of inspection?			
Was level oil in air compressor checked?			
Was piping an entry to freezer checked for ice formations?			

Special Systems (Deluge, Pre-action)	YES	N/A	NO
Date deluge or pre-action system was last trip tested: _____ By: _____		<input checked="" type="checkbox"/>	
Did the deluge or pre-action valves operate properly during testing?			
Did the supplementary detection devices operate properly during testing? (heat, smoke, etc)			
Did the supervisory devices operate during testing?			
Are other fixed fire protection systems being maintained and serviced?			

Alarms	YES	N/A	NO
Did water motor gong function properly when tested?		<input checked="" type="checkbox"/>	
Did electric alarm function properly when tested?	<input checked="" type="checkbox"/>		
Did supervisory alarm service function properly when tested?	<input checked="" type="checkbox"/>		
Did supervisory functions indicate at the fire alarm annunciator properly?	<input checked="" type="checkbox"/>		

Sprinklers	YES	N/A	NO
Do sprinklers appear to be free from damage, corrosion, loading, or obstruction to spray discharge?	<input checked="" type="checkbox"/>		
Are sprinklers less than 50 years old? Standard*	<input checked="" type="checkbox"/>		
Are sprinklers less than 20 years old? Residential Quick Response*		<input checked="" type="checkbox"/>	
Is stock of spare sprinkler heads and sprinkler wrenches available/adequate?	<input checked="" type="checkbox"/>		
Does the exterior condition of sprinkler system appear to be satisfactory?	<input checked="" type="checkbox"/>		
Do exposed sprinkler piping hangers appear to be in satisfactory condition?	<input checked="" type="checkbox"/>		
Are sprinkler heads proper temperature ratings for their location?	<input checked="" type="checkbox"/>		
Do sprinkler heads without guards appear free from possible mechanical damage?	<input checked="" type="checkbox"/>		
Are fire extinguishers being maintained and serviced? By: <i>Kost FIRE</i>	<input checked="" type="checkbox"/>		





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G.S.T.#R102878220  
PHONE: 403-331-5678 FAX: 403-331-5679

Owner/Representative of Owner Section

1) Explain any occupancy hazard changes or changes to the building since the previous inspection:

NONE

2) Describe fire protection modifications made since last inspection; if any:

NONE

3) Describe any fires since last inspection, in detail; if any:

NONE

4) When was the system piping last checked for stoppage, corrosion, or foreign material?

AUG 19/14

5) When the dry piping system was last checked for proper pitch?

NA

6) Are dry pipe valves and wet system piping adequately protected from freezing to your knowledge?

YES

If not, please note areas of concern:

7) Upon completion of this 'Annual Sprinkler Inspection', if 'Critical Deficiencies' are noted on the inspectors report, you as the owner/tenant/representative of owner will have 30 days to have them repaired/rectified. Please be advised that compliance is not negotiable or optional with regards to Alberta Fire Code and your Local Fire Authority.

Acknowledge: YES NO



(A DIVISION OF KOST FIRE EQUIPMENT LTD.)  
 1710A - 31 Street N. Lethbridge, AB T1H 5H1  
 G.S.T.#R102878220  
 PHONE: 403-331-5678 FAX: 403-331-5679

**Service Technician Comments and Recommendations**

*NONE*

**Location of sprinklers requiring replacement or obstructed sprinklers sited:**

*NONE*

**"Non- Critical" deficiencies and system impairments requiring attention:**

*NONE*

**"Critical" deficiencies and system impairments requiring immediate attention:**

*NONE*



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 PHONE: 403-331-5678 FAX: 403-331-5679

Summary

- 1) Sprinkler System is now fully operational      YES       NO
- 2) The sprinkler system is operational with 'Non-Critical' deficiencies noted on "Service Technician Comments and Recommendations" page attached.  
 YES       NO
- 3) The sprinkler system has "Critical" deficiencies or *SYSTEM IMPAIRMENT* noted on the "Service Technician Comments and Recommendations" page attached; which require immediate attention by owner/occupant.  
 YES       NO
- 4) A copy of this report has been given to SVC LAVALIN, who is the owner or representative of the owner for this building.  
 YES       NO

GLEN KALINSKY      Allen Kalinsky      KOST FIRE  
 Printed Name & Signature of Supervising Technician Conducting the Annual Service      Company

403-331-5678  
 Telephone Number of Technician

**ALBERTA FIRE CODE** requires this record be maintained by the owner for a minimum of two (2) years.

## APPENDIX E (INFORMATIVE) – ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORDS

(Reference: 3.7, 5.1.1, 5.1.2)

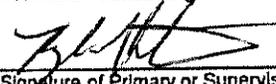
### E1. FIRE ALARM SYSTEM ANNUAL TEST AND INSPECTION REPORT

(Reference: 5.1.2)

Building name: <u>Fort Meade RCMP</u>	Date: <u>Aug. 19/14</u>
Address: <u>2018 - 8th Ave.</u>	
System manufacturer: <u>G.F. EST</u>	Model number: <u>10500 (C)</u>

A	System provides single-stage operation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	-
B	System provides two-stage operation.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	-
C	The entire fire alarm system has been inspected and tested in accordance with CAN/ULC-S536, Inspection and Testing of Fire Alarm Systems.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	-
D	The fire alarm system documentation is on site and includes a description of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	The fire alarm system is fully functional.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	The fire alarm system has deficiencies noted on the pages attached.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
G	Comments			
H	A copy of this report will be given to the following, who is the owner or owner's representative for this building: <u>SNC Lavalin</u>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	-

This is to certify that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete.

<u>Kyle Heitman</u>	<u>KOST Fire-Safety</u>	<u>403-894-5953</u>
Printed Name of Primary or Supervising Technician Conducting the Test and Inspection	Company	Telephone
	<u>4998</u>	
Signature of Primary or Supervising Technician Conducting the Test and Inspection	Identification Number of Primary or Supervising Technician Conducting the Test and Inspection	

Printed Name of Technician Conducting the Test and Inspection	Company	Telephone
Signature of Technician Conducting the Test and Inspection	Identification Number of Technician Conducting the Test and Inspection	

**E2. CONTROL UNIT OR TRANSPONDER TEST RECORD**

YES  = Tested Correctly    NO  = Did not test correctly    N/A  = Not applicable

(REFER TO REMARKS, E2.12)

FUNCTION OR FEATURE NOT PROVIDED ON THIS FIRE ALARM SYSTEM

**E2.1 CONTROL UNIT OR TRANSPONDER TEST**

(Reference: Clauses 5.1.3, 5.2.2.1)

Control unit or transponder location: <i>Main Entrance</i>
Control unit or transponder identification: <i>EST</i>

A	Power 'ON' visual indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	<i>Main power supply failure trouble signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	<i>Ground fault</i> tested on positive and negative initiates <i>trouble signal</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Alert signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
H	<i>Alarm signal</i> operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Automatic transfer from <i>alert signal</i> to <i>alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
J	Manual transfer from <i>alert signal</i> to <i>alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
K	Automatic transfer from <i>alert signal</i> to <i>alarm signal</i> cancel (acknowledge) feature operates on a two-stage system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
L	<i>Alarm signal</i> silence inhibit function operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	<i>Alarm signal</i> manual silence operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	<i>Alarm signal</i> silence visual indication operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	<i>Alarm signal</i> , when silenced, automatically reinitiates upon <i>subsequent alarm</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	<i>Alarm signal</i> silence automatic cut-out timer.	Time: <u>1 min</u>		
Q	Audible and visual <i>alert signals</i> and <i>alarm signals</i> programmed and operate per <i>design and specification</i> ; or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
R	<i>Input circuit</i> , alarm and supervisory operation, including audible and visual indication operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
S	<i>Input circuit</i> supervision fault causes a trouble indication.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
T	<i>Output circuit</i> alarm indicators operate.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

E2.1 continued...

...Continued E2.1

U	Output circuit supervision fault causes a trouble indication.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
V	Visual indicator test (lamp test).	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
W	Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
X	Coded signal sequences are not interrupted by subsequent alarms.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Y	Ancillary device by-pass will result in a trouble signal.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Z	Input circuit to output circuit operation, including ancillary device circuits, for correct program operation, as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
AA	Fire alarm system reset operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
BB	Main power supply to emergency power supply transfer operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
CC	Status change confirmation (smoke detectors only) verified. [Refer Subsection 5.7.4.3, Status Change Confirmation (Alarm Verification Feature)].	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
DD	Receipt of the alarm transmission to the fire signal receiving centre.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
EE	Receipt of the supervisory transmission to the fire signal receiving centre.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
FF	Receipt of the trouble transmission to the fire signal receiving centre.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
GG	Record the name and telephone number of the fire signal receiving centre.	Name: Reliance Protection Telephone: 1800 653 9111		
HH	Operation of the fire signal receiving centre disconnect means results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the fire signal receiving centre.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.2 VOICE COMMUNICATION TEST

(Reference: Clause 5.1.3, 5.2.3.1)

N/A

A	Power 'ON' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	All-call voice paging, including visual indicator, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	<i>Output circuits</i> for selective voice paging, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	<i>Output circuits</i> for selective voice paging trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Operation of voice paging does not interfere with initial inhibit time of <i>alert signal</i> or <i>alarm signal</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	All-call voice paging operates (on <i>emergency power supply</i> ).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Circuits for emergency telephone call-in operation, including audible and visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Circuits for emergency telephones for operation, including two-way voice communication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operates	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	Emergency telephone verbal communication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Emergency telephone operable or in-use tone at handset operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.3 CONTROL UNIT OR TRANSPONDER INSPECTION

(Reference: Clauses 5.1.3, 5.2.4.1)

*N/A*

Control unit or transponder location:				
Control unit or transponder identification:				
A	Input circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Correct designations for common control functions and indicators.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Plug-in components and modules securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Plug-in cables securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Record the date, revision and version of <i>firmware</i> and <i>software program</i> .	Date: _____		
		Rev: _____	Ver: _____	
G	Clean and free of dust and dirt.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Fuses in accordance with manufacturer's <i>specification</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Control unit or transponder lock functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Termination points from wiring to <i>field devices</i> secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

### E2.4 POWER SUPPLY INSPECTION

(Reference: Clauses 5.1.3, 5.3.1)

Control unit or transponder location: <i>Main Entrance</i>				
Control unit or transponder identification: <i>EST</i>				
A	Fused in accordance with the manufacturer's marked rating of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Adequate to meet the requirements of the system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.5 EMERGENCY POWER SUPPLY TEST AND INSPECTION

(Reference: Clauses 5.1.3, 5.3.2, 5.3.3)

Control unit or transponder location: <u>Main Entrance</u>				
Control unit or transponder identification: <u>EST</u>				
A	Correct battery type as recommended by manufacturer.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Battery voltage with <i>main power supply</i> 'ON'.	<u>27.2</u> V dc		
D	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in supervisory condition.	Voltage: <u>26.5</u> V dc Current: <u>—</u> A		
E	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in full load alarm condition.	Voltage: <u>25.4</u> V dc Current: <u>—</u> A		
F	Charging current.	<u>—</u> A		
G	Physical damage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
H	Terminals cleaned and lubricated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Terminals clamped tightly.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Correct electrolyte level.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Specific gravity of electrolyte is within manufacturer's specifications.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Electrolyte leakage.	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
M	Adequate ventilation.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
N	Battery manufacturer's date code or in-service date.	Date: <u>2011</u>		
O	Disconnection causes <i>trouble signal</i> .	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
P	Indicate type of battery <i>tests</i> performed:			
	(i) Required supervisory load for 24 h followed by the required full load operation; or	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(ii) A silent <i>test</i> by using the load resistor method may be used for the full duration <i>test</i> (Refer to Appendix F1, Silent Test); or	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(iii) Silent accelerated <i>test</i> . (Refer to Appendix F2, Silent Accelerated Test); or	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(iv) A battery capacity meter <i>test</i> . (Refer to Appendix F3, Battery Capacity Meter Test); or	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	
(v) In lieu of the above battery <i>tests</i> , replace the battery with a new set having a current date code, amp-hour capacity and type as recommended by the manufacturer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Q	Record calculated battery capacity (Refer to Appendix F4.1-C).	<u>19</u> A•h		
R	Record battery terminal voltage after completion of <i>tests</i> .	<u>25.4</u> V dc		

E2.5 continued...

Continued E2.5 ...

S	Battery voltage not less than 85% of its rating after the tests.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
T	Generator provides power to the AC circuit serving the fire alarm system.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
U	Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

## E2.6 ANNUNCIATOR AND REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

(Reference: Clauses 5.1.4, 5.4.1)

Annunciator or remote trouble signal unit location: Cell Block at Ground Store
Annunciator or remote trouble signal unit identification: <del>88</del>

A	Power 'on' indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm, and supervisory input zones are clearly indicated and separately designated.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory zone designation labels are properly identified.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common trouble signal operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator test (lamp test) operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from control unit or transponder is supervised.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Alarm signal silence visual indicator operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
I	Other ancillary function visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
J	Manual activation of alarm signal and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
K	Displays are visible in installed location operates.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Operates on emergency power.	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.7 ANNUNCIATORS OR SEQUENTIAL DISPLAYS**

(Reference: Clauses 5.1.4, 5.4.2) *N/A*

Annunciator or sequential display location:
Annunciator or sequential display identification:

A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm and supervisory zone indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/> (See exception)
	Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Specify Method of confirmation: _____ _____			
	Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Individual alarm and supervisory zone designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Common trouble signal operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Visual indicator test (lamp test) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Input wiring from control unit or transponder is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Alarm signal silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Switches for ancillary functions operate as per design and specification, or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Other ancillary functions visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Manual activation of alarm signal and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Displays are visible in installed location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.8 REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION**(Reference: Clauses 5.1.4, 5.4.3) *N/A*

Remote <i>trouble signal</i> unit location:
Remote <i>trouble signal</i> unit identification:

A	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Audible <i>trouble signal</i> silence operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.9 PRINTER TEST** *N/A*

(Reference Clauses 5.1.4, 5.5.1)

Printer location:
Printer identification:

A	Operates as per <i>design and specification</i> , or documentation as detailed in Appendix C, Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	<i>Zone</i> of each alarm initiating device is correctly printed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Rated voltage is present.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.10 DATA COMMUNICATION LINK TEST**

(Reference: Subsection 5.1.5, 5.6-Note)

*N/A*

Control unit or transponder location:
Control unit or transponder identification:
Data communication link identification:

A	Confirm that a <i>trouble signal</i> is received at the <i>control unit or transponder</i> under an open loop fault for each <i>data communication link (DCL)</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Where <i>fault isolation modules</i> are installed in <i>data communication links</i> serving <i>field devices</i> , wiring shall be shorted on the isolated side, <i>annunciation</i> of the fault confirmed, and then a <i>field device</i> on the source side shall be operated, and activation confirmed at the <i>control unit or transponder</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Where fault isolation in <i>data communication links</i> is provided between <i>control units or transponders</i> and between <i>transponders</i> , introduce a <i>short circuit fault</i> and confirm <i>annunciation</i> of the fault and operation outside the shorted section between each pair of:			
	(i) <i>Control unit to control unit</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(ii) <i>Control unit to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	(iii) <i>Transponder to transponder</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

**E2.11 ANCILLARY DEVICE CIRCUIT TEST**

(Reference: Clause 5.2.2.1-Z)

RECORD SPECIFIC TYPE OF ANCILLARY CIRCUIT	OPERATION OF ANCILLARY CIRCUIT CONFIRMED		
<i>Fan Shutdown</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

Note: The tests reported on this Form do not include the actual operational test of ancillary devices.

**E2.12 REMARKS**

(Reference: E2)

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(Attach additional sheets if further remarks are required)

### E3. FIELD DEVICE RECORD

(Reference: Clause 5.1.6)

#### E3.1 FIELD DEVICE TESTING — LEGEND AND NOTES

(Reference: Clauses 5.7.4.1.3, 5.7.4.1.4, 5.7.4.1.5, 5.7.4.3.1, 5.7.4.5.1, 5.7.8.1.1, 5.7.8.2.2, 5.7.8.2.4)

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual Pull Station	Edwards	2K 3/4 Size
RHT	Heat Detector, Restorable	Edwards	
HT	Heat Detector, Non-restorable	Edwards	
S	Smoke Detector	Not applicable	Not applicable
	Sensitivity Test Method or Test Equipment: Model/Method: <u>smoke check</u>		
	Manufacturer Sensitivity Range: Sensitivity Range: _____		
RI	Remote Indicator Unit		
DS	Duct Smoke Detector		
--	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch		
SS	Sprinkler Supervisory Device		
--	Other Supervisory Devices (Low Pressure, Low Water, Low Temperature, Power Loss, etc.)		
EM	Fault Isolation Module		
B	Bell		
H	Horn	Edwards	
V	Visible Signal Device	Edwards	
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
AD	Ancillary Device		
ET	Emergency Telephone		
EOL	End-of-Line Resistor		

#### The following notes apply to Appendix E3.2, Individual Device Record:

- NOTE 1: *Smoke detector sensitivity* confirmation or measurement should be recorded in the remarks column.
- NOTE 2: *Smoke detector* cleaning or replacement date should also be recorded in the remarks column.
- NOTE 3: Status Change, including time delay, should be recorded in the remarks column.
- NOTE 4: *Duct smoke detector* pressure differential should be confirmed and recorded in the remarks column.

E3.1 continued...

Continued E3.1 ...

NOTE 5: Time delay setting of water flow switch should be recorded in the remarks column.

NOTE 6: Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.

NOTE 7: Upper and lower pressure setting of *supervisory devices* should be recorded in the remarks column.

NOTE 8: Low temperature setting should be recorded in the remarks column.

NOTE 9: Identify the specific *ancillary devices* in the remarks column.

NOTE 10: Identify date *field device* changed in the remarks column.

NOTE 11: Identify correct *field device* operation (e.g., alarm, trouble, supervisory, annunciation indication).

NOTE 12: Identify *zone*, circuit number, or address.

NOTE 13: Identify *conventional field device* locations.

NOTE 14: Identify *active field device* and *supporting field device*, *data communication link* (DCL), address and location.

NOTE 15: Test and confirm *conventional field device* supervision of wiring.

NOTE 16: Confirm *field device* free of damage.

NOTE 17: Confirm *field device* free of foreign substance (e.g. paint).

NOTE 18: Confirm *field device* mechanically supported independently of the wiring.

NOTE 19: Confirm *field device* protective dust shields or covers removed.

CAUTION: The tests reported on this Form do not include the actual operational test of *ancillary devices*.

**E3.2 INDIVIDUAL DEVICE RECORD**

(Reference: Clauses 5.7.1.3, E3.1)

BUILDING NAME: Fort Mecklen REMP

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DATE: Aug 19/14

Device Legends And Notes Are Listed In Appendix E3.1, Field Device Testing – Legend and Notes

LOCATION	DEVICE	CORRECTLY INSTALLED	REQUIRES SERVICE, REPAIRS, CLEANING OR MISSING	ALARM OPERATION CONFIRMED	ANNUNCIATION INDICATION CONFIRMED	ZONE CIRCUIT NUMBER OR ADDRESS	REMARKS
Office Area	Pull station	/		/	/	1	
Temp Sample Valve	Temper	/		/	/	11	
Sprinkler Supply	Temper	/		/	/	9	
Sprinkler Flow	Flow switch	/		/	/	10	
OFFICE AREA	PS	/		/	/	1	
CELL BLOCK	SD	/		/	/	2	
CELL BLOCK	PS	/		/	/	2	
CELL BLOCK	SD	/		/	/	2	
" "	SD	/		/	/	2	
" "	SD	/		/	/	2	
" "	SD	/		/	/	2	
" "	SD	/		/	/	2	
" "	SD	/		/	/	2	
" "	SD	/		/	/	2	
CELL 141	SD	/		/	/	7	
" Block	SD	/		/	/	2	
Security Storage	PS	/		/	/	03	
Cell 139	SD	/		/	/	5	
Cell 140	S.D	/		/	/	6	
Cell 142	S.D	/		/	/	8	
Mech. Rm	P.S.	/		/	/	4	
Duct-Mev-1	D.D	/		/	/	12	
Duct- <del>Fluor</del> -1	D.D	/		/	/	13	
Duct- <del>Fluor</del> -2	D.D	/		/	/	14	
Duct- <del>Fluor</del> -3	D.D	/		/	/	15	
Duct- <del>Fluor</del> -4	D.D	/		/	/	16	

