



PYRENE FIRE SECURITY MAN.

16 Mazenod Road, Unit #6
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Phone: (204) 783-0470
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Fire Alarm System Annual (Initial) Test And Inspection Report

Customer Number: _____

Report Number: _____

Date: _____

System Manufacturer: _____

Model Number: _____

Building Name: _____

Address: _____

Building: _____

Single Stage Operation Two Stage Operation

This is to certify that the fire alarm system had been tested and inspected in accordance with 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 2. The fire alarm system has deficiencies noted on the pages attached. Yes No

3. Comments: _____

4. A copy of this report will be given to: _____, who is the owner or owner's representative for this building.

Additional technicians Conducting the Test: _____

Name	Signature
Printed Name and Signature of Primary or Supervising Technician Conducting the Test.	

Legend: Yes Tested Correctly No Did not test correctly (see remarks) N/A Not applicable. Function or feature not provided on this fire alarm system.

Control Unit Test Record

- | | |
|--|---|
| A. Power 'ON' visual indicator. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Q. Input circuit trouble operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| B. Common visual trouble signal. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | R. Output circuit alarm operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| C. Common audible trouble signal <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | S. Output circuit trouble operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| D. Trouble signal silence switch. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | T. Visual indicator test (lamp test). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| E. Main power supply failure trouble signal. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | U. Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| F. Ground fault (tested on positive and negative) trouble signal. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | V. Coded signal sequences are not interrupted by subsequent alarm. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| G. Alert signal operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | W. Input circuit to output circuit operation, including ancillary device circuits, for correct matrix operation, as per design and specification. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| H. Alarm signal operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | X. Reset operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| I. Automatic transfer from alert signal to alarm signal. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Y. Main power supply to emergency power supply transfer. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| J. Acknowledge switch operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Z. Data communication link (DCL) supervision and operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| K. Alarm signal silence inhibit. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | AA. Control unit interconnection to monitoring station. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| L. Alarm signal silence operation. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | BB. Name of monitoring station: _____ |
| M. Alarm signal silence visual indicator. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Phone Number: _____ |
| N. Alarm signal, when silenced, automatically reinitiates upon subsequent alarm. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | System ID Number: _____ |
| O. Alarm signal silence automatic cutout timer. Time: _____ min. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | Passcode: _____ |
| P. Input circuit, alarm and supervisory operation including visual indicator. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | |

Annunciator Test and Inspection

- | | | | |
|--|---|--|---|
| A. Power 'ON' indicator. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | F. Input wiring from control unit is supervised. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| B. Individual alarm and supervisory zone indication. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | G. Alarm signal silence visual indicator. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| C. Individual alarm and supervisory zone designation labels are properly identified. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | H. Switches for ancillary functions operate as intended. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| D. Common trouble signal. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | I. Other ancillary functions visual indicators. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| E. Visual indicator test (lamp test). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | J. Manual activation of alarm signal and indication. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Sequential Display Test and Inspection

- | | | | |
|--|---|---|---|
| A. Individual alarm, supervisory and trouble inputs are clearly indicated and separately designated. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | E. Display can be manually advanced. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| B. Individual alarm and supervisory input designation labels are properly identified. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | F. First alarm is continuously displayed until manually advanced. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| C. Alarm input overrides supervisory and trouble input. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | G. First alarm is clearly identified each time it is displayed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| D. Supervisory input overrides trouble input. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | H. Alarm and supervisory inputs can be retrieved until system is reset. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |

Remote Trouble Unit Test and Inspection

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

Printer Test

- | | | | |
|---|---|------------------------------|---|
| A. Operation as intended. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | C. Rated voltage is present. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| B. Zone of each alarm initiating device is correctly printed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

Printers in a proprietary control centre Test and Inspection

- | | | | |
|---|---|--|---|
| A. Events and acknowledgements are automatically printed. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | E. Paper advances automatically such that printed record is visible. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| B. Time and date of each event are recorded by the printer. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | F. Printer operates under loss of main power supply. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| C. Each event is recorded as they occur, irrespective of event acknowledgement. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | G. Printer is monitored for 'Low paper' and 'Paper out'. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A |
| D. System records status changes without the loss of any data. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |

Device Testing - Legend and Notes

DEVICE	DESCRIPTION	TYPE	MODEL NO.
M	Manual Pull Station		
RHT	Heat Detector, Restorable (Note 9)		
HT	Heat Detector, Non-restorable (Note 9)		
S	Smoke Detector (Notes 1, 2, 9)		
RI	Remote Indicator Unit		
DS	Duct Smoke detector (Notes 1, 3, and 9)		
--	Other Type of Detector		
SFD	Supporting Field Device (Monitor)		
FS	Sprinkler Flow Switch (Note 4)		
SS	Sprinkler Supervisory device (Note 5)		
--	Other Supervisory Devices (Low Pressure, Low Water, Low Temperature, Power Loss, etc.) [Notes 6, 7]		
EM	Fault Isolation Module		
B	Bell		
H	Horn		
V	Visual Signal Appliance		
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
AD	Ancillary Device (Note 8)		
ET	Emergency Telephone		

NOTE 1: Smoke detector sensitivity measurement and cleaning date should be recorded in the remarks column.

NOTE 2: Status Change, including time delay, should be recorded in the remarks column.

NOTE 3: Duct smoke detector pressure differential should be confirmed and recorded in the remarks column.

NOTE 4: Time delay setting of water flow switch should be recorded in the remarks column.

NOTE 5: Sprinkler supervisory switches causes trouble condition to be annunciated but not an alarm condition.

NOTE 6: Upper and lower pressure setting of supervisory devices should be recorded in the remarks column.

NOTE 7: Low temperature setting should be recorded in the remarks column.

NOTE 8: Identify the specific ancillary devices in the remarks column.

NOTE 9: Identify date fire detector changed.

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