

CAN/ULC-S561-13

APPENDIX C (INFORMATIVE) – TEST AND INSPECTION REPORTS

TABLE C1 – ALARM SIGNAL TRANSMITTER ANNUAL TEST AND INSPECTION REPORT

(Reference: Clause 9.6.1 and 11.1.3.)

Building Name & Address:		Date:	

MONITORING SYSTEM DESCRIPTION	
Sprinkler System – Alarm and Supervisory Devices:	
Fire Alarm System – Manufacturer & Model No.:	
Other Equipment – Type/Manufacturer & Model No.:	
Alarm Signal Transmitter Manufacturer & Model No.:	
Equipment Listing Number:	
Name and Location of Fire Signal Receiving Centre:	
Fire Signal Receiving Centre ULC Identifier:	
Fire Signal Receiving Centre Telephone Number:	

1	The <i>Fire Monitoring System</i> is now fully functional without deficiencies. (If "No", see "Comments below")	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2	ULC "Central Station Fire Protective Signalling Service" Certificate Number: _____ which is issued for the above noted central monitoring station address is <input type="checkbox"/> is not <input type="checkbox"/> attached.		
3	Comments:		
4	A copy of this report will be given to: _____ who is the owner or owner's representative for this <i>building</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CERTIFICATION	
<p>This certifies that the information contained in this <i>Inspection Report</i> (which incorporates the attached _____ pages) is correct and complete. The system and equipment described here-in was tested/inspected in conformance with CAN/ULC-S561-13 by a qualified technician. The equipment was left in an operational condition except as noted above. A copy of this report must be maintained on the premises for examination by the Fire Marshal, Building Inspector, or other <i>Authority Having Jurisdiction</i> at their request.</p>	
Inspected By:	Contact Information:
Service Company	Security ONE Alarm Systems 200 Sherk Street Leamington, ON. N8H 0A8 <small>Insert Contact/Address information Here</small>
Technician	Certificate Number:
	<div style="background-color: black; color: white; width: 100px; height: 20px; margin: 0 auto;"></div>

C2 – TRANSMITTING UNIT TEST RECORD

Date: _____	<input type="checkbox"/> Audit <input type="checkbox"/> Inspection
Building Name: _____	Address: _____

“✓” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable

C2 Transmitting Unit Test

Location: _____

_____ Power on visual indicator tested.

_____ Common visual trouble signal tested.

_____ Common audible trouble signal operates.

_____ Main Power supply failure trouble signal operates.

_____ Alarm signal operation.

_____ Input circuit trouble operates.

_____ Main power supply to emergency power supply operates.

C2 Transmitting Unit Inspection

_____ Input circuit designations correctly identified in relation to connected field devices?

_____ Plug-in components and modules properly secured and terminated?

_____ Designations for common control functions & indicators?

_____ Plug-in cables securely in place?

_____ Fused in accordance with manufacturer’s specifications?

_____ Clean and free of dust and dirt?

_____ Input circuit alarm and supervisory operation including audible and visual indicator?

_____ Control unit lock?

_____ Termination points from wiring to field devices secure?

_____ Power & field wiring properly terminated to panel ground lug?

_____ Panel adequately grounded?

_____ Dead-front panel(s) in place & as per manufacturer’s spec?

_____ Record date, revision and version of Firmware & Software

Date: _____ Rev: _____ Version: _____

C2 Power Supply Inspection

_____ Fused in accordance with manufacturer’s specifications?

_____ Adequate to meet the requirements of the system?

C2 Emergency Power Supply Test & Inspection

Location: _____

Panel Number: _____

Breaker/Disconnect Number: _____

Battery type and size (in AH): _____

Battery Voltages

AC power on:		DC Volts
AC power off:		DC Volts
AC power off (full alarm):		DC Volts

Battery Currents (Amperage)

AC power on:		DC mA
AC power off:		DC mA
AC power off (full alarm):		DC A

_____ Correctly sized to provide 24 hours stand-by & 30 or 120 minutes alarm operation in accordance with BC Fire Code?

_____ Inspected for physical damage?

_____ Terminals clean and tight?

_____ Batteries fused? YES NO

_____ Adequately ventilated?

_____ Installation date: _____

_____ Disconnection causes trouble signal?

_____ Battery is within the Manufacturer’s rated life date code?

_____ Trouble condition at the emergency generator is indicated?

C3 - Device Testing – Legend, Notes, and Comments

Device	Description	Type	Model No.
FS	Sprinkler flow switch (1)		
FPS	Sprinkler flow pressure switch		
TS	Sprinkler valve supervisory tamper switch (2)		
LA	Low air supervisory device (3)		
LT	Low temperature supervisory device (4)		
LPS	Power loss supervisory device		
AD	Other ancillary device (5)		
FA	Fire alarm control panel		

Note 1: Time delay setting of water flow devices shall be recorded in the remarks column.

Note 2: Sprinkler supervisory switches cause a supervisory condition to be annunciated but not an alarm.

Note 3: Upper and lower pressure setting of supervisory devices should be recorded in the remarks column.

Note 4: Low temperature setting should be recorded in the remarks column.

Note 5: Identify Ancillary Device in the remarks column.

C4 - Individual Equipment or Device Record

Date:	<input type="checkbox"/> Audit <input type="checkbox"/> Inspection
Building Name:	Address:

Column Legend	
A Correctly installed	D Annunciator indication confirmed
B Unit requires service, repair, missing	E Circuit number or address
C Alarm operation confirmed	F Supervision and ground fault detection

“√” Yes - Acceptable “X” No – Unacceptable (Explain NO answers in comments) “Dash” - Not applicable

Location	Device	A	B	C	D	E	F	Remarks

Remarks/Comments