



TOWN OF ISLIP – BUREAU OF FIRE PREVENTION

OFFICE OF THE FIRE MARSHAL

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Fire Alarm System Record of Completion

Today's Date: ____ / ____ / ____

Name of Business: _____

Address of Premises: _____

Name of Local Fire Department: _____

Company Performing Installation: _____

Technician's Name: _____ Telephone: _____

Location of Drawings: _____

Location of Operation and Maintenance manuals: _____

Contract for Test & Inspections: _____

Effective Date: _____ Expiration Date: _____ Contract #: _____

Type(s) of System

___ Central Station (NFPA 72, Chapter 8)

Company: _____ Telephone #: _____

Central Station Location: _____

Means of transmission of signal from protected premises to central station (list all that apply):

Means of transmission of alarm from central station to public fire service communications center:

Indicate who central station notifies upon receipt of alarm (local fire department or County communications): _____ Telephone #: _____

___ Other

Specify _____

Telephone # of organization receiving notification of alarms:

Alarm: _____ Supervisory: _____ Trouble: _____

Is Alarm re-transmitted to public fire service: _____ if yes, method of re-transmittal: _____

Record of system Installation and Operation

(This is to be filled out after installation is complete and checked, but before the operational acceptance test is conducted)

This system has been installed in accordance with all the applicable NFPA standards and manufacturer's instructions, was inspected by _____ on _____, and includes the devices listed later on this form, and has been or will be in service on _____.
Signature: _____ Date: _____
Organization: _____

Alarm Initiating Devices (Qty. Of Devices)

Manual Stations

Addressable: _____ Other: _____

Automatic

Smoke Detectors Ion: _____ Photo: _____ Addressable: _____

Heat Detectors Fixed: _____ Rate of Rise: _____ Addressable: _____

Sprinkler Water flow Indicators Addressable: _____ Other: _____

Other (specify): _____

Supervisory Signal Initiating Devices (Checked if provided)

Duct Detectors

Ion: _____ Photo: _____ Addressable: _____

Sprinkler System

___ Valve Tamper Switches

___ Sprinkler control room heating equipment

___ Other: _____

Electric Fire Pump

___ Fire Pump Power

___ Fire Pump Running

___ Phase Reversal

Engine Driven Fire Pump

___ Selector in Auto position

___ Engine or control panel trouble

___ Fire Pump Running

Other Supervisory Functions (specify): _____

Alarm Notification Appliances

Emergency Voice/Alarm Service

Qty. of voice/alarm channels: _____ Single: _____ Multiple: _____

Qty. of speakers Installed: _____ Qty. of speaker zones: _____

Qty. of telephones or telephone jacks included in system: _____

Types and Quantities of Notification Devices Installed

Bells _____ with Visible _____

Speakers _____ with Visible _____

Horns _____ with Visible _____

Other _____ with Visible _____
Visible appliances without audible _____
Total # of alarm notification appliances: _____

Annunciators

Main Control Panel Location: _____
Remote Annunciator Location: _____

System Power Supplies

Fire Alarm Control Panel

Nominal voltage: _____ Current rating: _____

Overcurrent protection:

Type: _____ Current rating: _____

Location: _____

Secondary (standby):

Number of Batteries: _____ Amp-hour rating: _____

Calculated capacity to drive system, in hours: _____

Engine driven generator dedicated to fire alarm system: _____

Location of fuel storage: _____

Comments

System deviations from the referenced NFPA standards:

Other comments:

(Signed) for installation contractor/supplier Title Date

(Signed) for alarm service company Title Date
(If different from above)

Upon completion of the system satisfactory test witnessed:

(Signed) Fire Marshal Badge # Date

(Signed) Fire Marshal Badge # Date

Permanent Record-to be filed with approved plans