



5080 Timberlea Blvd., Unit #1
Mississauga, ON L4W 4M2
Phone: 905-872-7233
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Commercial

Industrial

Plant Maintenance

May 20, 2025

To: Golden Gate Contracting
1038 Cooke Blvd.
Burlington, ON L7T 4A8

Att: Wissam (Sam) Alfahham (905) 844-1122

Re: HDSB – Glenview Public School – Gymnasium Addition
143 Townsend Ave.
Burlington, ON L7T 1Z1

Subject: Fire Alarm Confirmation Letter

Dear Sam:

With reference to the HDSB – Glenview Public School – Gymnasium Addition project.

Please be advised that the Fire Alarm System for the above-mentioned project were installed in accordance with CAN/ULC-S524-14 standards.

We trust the above information meets with your approval. Should you have any questions, or if we may be of further service, please do not hesitate to contact me.

Sincerely,

Brian Scheele

Brian Scheele R.M.E.
Master Electrician,
B-Safe Electric Ltd.

VERIFICATION REPORT

Building Name:		
Address:	143 TOWNSEND AVE	Date: March 14, 2025
	BURLINGTON	Job #: TSV113184
	CANADA	Site #:

System Manufacturer: MIRCOM	Model Number: FX4000 V1.12.13
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A	System provides single-stage operation	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-
B	System provides two-stage operation	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	-
C	The entire fire alarm system has been verified in accordance with CAN/ULC-S537-13, Verification of Fire Alarm Systems.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-
D	This is a partial verification for partial occupancy.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
E	This is a partial verification for a fire alarm system that has been replaced in stages.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
F	This is a verification of a portion of an existing fire alarm system verified in accordance with Section 6, system modifications	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
G	Installed in accordance with the design and CAN/ULC-S524-14, Standard for the Installation of Fire Alarm Systems	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H	The fire alarm system documentation is on site and includes a description of the system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I	The fire alarm system is fully functional.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
J	The fire alarm system has deficiencies noted on the pages attached.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
K	The fire alarm system has notes & recommendations noted on the pages attached.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> N/A
L	A copy of this report will be given to the following, who is the owner or owner's representative for this building: <div style="text-align: center; color: blue;">BE SAFE ELECT</div>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-

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

BO LEI

Printed Name of Primary or Supervising
Technician Conducting the Verification

Mircom

Company

BL

Signature of Primary or Supervising
Technician Conducting the Verification

19-996419

Identification Number of Primary or Supervising
Technician Conducting the Verification

Notes:

Deficiencies:



Device	Description	Manufacturer	Model Number
M	Manual Pull Station	MIRCOM	MS-401MP
GA	General Alarm		
RHT	Heat Detector, Restorable	SYST SENSOR/MIRCOM	601A/4030 ISO
HT	Heat Detector, Non-Restorable		
S	Smoke Detector	MIRCOM	MIX-4010/MIX-4010 ISO
DS	Duct Smoke Detector	SYSTEM SENSOR	D4120A
RI	Remote Indicator Unit		
SP	Speaker		
V	Visual Signal Device	MIRCOM	FS-400R/W
SPV	Speaker Strobe		
H	Horn	MIRCOM	FH-400R/W
H/V	Horn Strobe	MIRCOM	FHS-400R/W /24OR
B	Bell		
ET	Emergency Telephone		
EOL	End-of-Line Resistor		
FS	Sprinkler Flow Switch		
SS	SPRINKLER CONTROL VALVES		
PS	Sprinkler Low or High Pressure Device		
SFD	Supporting Field Device		
REL	Relay Module	MIRCOM	MIX-4045
EM / ISO	Fault Isolation Module/Base		
SUPV	Supervisory Zones		
SFD	Supporting Field Device		
SSW	Silence Switch		
DNE	Do Not Enter Sign		
TRBL	Trouble Input Zone		
AD	Ancillary Device (fan shutdown,press fan, etc)		



Control Unit or Transponder Location: OFFICE

Control Unit or Transponder Identification: NODE -1

A	Power 'On' visual indicator operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Common visual trouble signal operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Common audible trouble signal operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	Trouble signal silence switch operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	Main power supply failure trouble signal operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F	Ground fault tested on positive and negative initiates trouble signal.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
G	Alert signal operates.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
H	Alarm signal operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I	Automatically transfers from alert signal to alarm signal operates (two-stage system)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
J	Manually transfers from alert signal to alarm signal operates (two-stage system)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
K	Automatic transfer from alert signal to alarm signal cancelled when system is acknowledged on a two-stage system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
L	Alarm signal silence inhibit function operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
M	Alarm signal manual silence operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
N	Alarm signal silence visual indication operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
O	Alarm signal, when silenced, automatically reinitiates upon subsequent alarm.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
P	Alarm signal silence automatic cut-out timer.	Time: N/A		
Q	Audible and visual alert and alarm signals operate per design and specification.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
R	Input circuit, alarm & supervisory operation (including visual indicator) operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
S	Input circuit supervision fault causes a trouble indication.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
T	Output circuit alarm indicators operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
U	Output circuit supervision fault causes a trouble indication.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
V	Visual indicator test (lamp test) operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
W	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 checked="" type="checkbox"/> N/A
X	Coded signal sequences are not interrupted by subsequent alarms.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
Y	Ancillary device control circuit is rated for the intended purpose	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Z	Ancillary device by-pass results in trouble signal.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
AA	Input circuits programmed to operate output circuits (including ancillary devices) operate as per design and specification.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
BB	Fire alarm system reset operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
CC	Main power supply to emergency power supply transfer operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
DD	Control unit or transponder bonded to ground	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EE	Status change confirmation feature (smoke detectors only) verified.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
FF	Confirm that the alarm transmission to the remote fire signal receiving centre is received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
GG	Confirm that the supervisory transmission to the remote fire signal receiving centre is received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
HH	Confirm that the trouble transmission to the remote fire signal receiving centre is received.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
II	If connected, record the name and telephone number of the fire signal receiving centre.	Name:		
		Phone #:		

JJ	Operation of the fire signal receiving centre disconnect results in a specific trouble indication at the control unit or transponder and transmits a trouble signal to the remote fire signal receiving centre.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
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VOICE COMMUNICATION TEST

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

CONTROL UNIT OR TRANSPONDER INSPECTION

A	Input circuit designations correctly identified in relation to connected field devices.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Output circuit designations correctly identified in relation to connected field devices.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Correct designations for common control functions and indicators.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	Plug-in components and modules securely in place.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	Plug-in cables securely in place.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F	Record the date, revision and version of firmware and software	Date: MARCH 14, 2025 Rev: 1.12.13 Ver: 5.0		
G	Control unit and transponder is clean and free of dust and dirt.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H	Fuses are in accordance with manufacturer's specification.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I	Control unit or transponder lock is functional.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
J	Termination points, from wiring to field devices, is secure.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
K	Control unit or transponder power disconnects in accordance with C22.1, Safety Standard for Electrical Installations, Canadian Electrical Code, Part 1.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L	Main power supply feed wiring in accordance with manufacturer's specifications.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
M	Verify control units or transponders with stand alone capability serves the same area for both input circuits and output circuits.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
N	Control units or transponders which operate with stand alone capability have signal silence, reset, and trouble silence switches with visual indicators, degraded mode capability and stand alone capability indicators.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
O	Control unit or transponder visual indicators comply with the visual indicators colour code.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

LARGE SCALE NETWORK SYSTEMS

A	Verify control units or transponders serve the same area for both input circuits and output circuits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
B	Verify control units or transponders with stand alone capability have signal silence, reset and trouble silence switches with visual indicators, degraded mode capability and stand alone capability indicators	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
C	Confirm that between any nodes a single open circuit fault, wire-to-wire short circuit fault, or ground fault on the network results in a trouble signal at each node and continued alarm receipt capability at each node under these conditions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
D	To test stand alone capability, create a condition of data communication link failure, and confirm each control unit or transponder is capable of receiving an alarm initiation and provides output operation in the area as served by the control unit or transponder degraded mode.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
E	To test degraded mode capability, create a condition of data communication link failure in two separate locations creating two network segments, and confirm each segment of the network have the following operation:	-	-	-
	i) Operate the alarm signals in accordance with the system operating sequence;	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
	ii) Maintain synchronization of control units or transponders for alert signals and alarm signals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
	iii) Operate local relays in control units or transponders connected to ancillary devices; as required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
	iv) Confirm the operation of acknowledge, signal silence, reset and trouble silence switches with visual indicators, degraded mode capability and stand alone capability indicators, are functional for each network segment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

POWER SUPPLY INSPECTION

A	Conforms with the requirements of CAN/ULC-S524, Standard for the Installation of Fire Alarms Systems; and C22.1 Safety Standard for Electrical Installations, Canadian Electrical Code, Part I, Section 32.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Fused in accordance with the manufacturer's marked rating of the system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Equipped with the identified disconnect means.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	Adequate to meet the requirements of the system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	Power for ancillary devices is taken from a source separate from the fire alarm system control unit or transponder power supply.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F	Ancillary devices, which are powered from the control unit or transponder, are recorded	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

EMERGENCY POWER SUPPLY TEST & INSPECTION

A	Correct battery type as recommended by manufacturer	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Correct battery rating as determined by battery calculations based on full system load.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Battery voltage with main power supply 'on'	See battery summary		
D	Battery voltage and current with main power supply 'off' and fire alarm system in supervisory condition.	See battery summary		
E	Battery voltage and current with main power supply 'off' and fire alarm system in full load alarm condition.	See battery summary		
F	Charging current.	See battery summary		
G	Batteries show signs of physical damage.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	-
H	Terminals are cleaned and lubricated.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

I	Terminals clamped tightly.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
J	Correct electrolyte level.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
K	Specific gravity of electrolyte is within manufacturer's specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
L	Electrolyte leakage.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
M	Adequately ventilation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
N	Record manufacture's date code or in-service date	See battery summary		
O	Disconnection causes trouble signal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
P	Type of battery test performed:			
	(i) Required supervisory load for 24 hours followed by the required full load operation; or	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-
	(ii) A silent test by using the load resistor method may be used for the full duration test; or	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	-
	(iii) Silent accelerated test (battery capacity meter test)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	-
Q	Record calculated battery capacity	See battery summary		
R	Record battery terminal voltage after completion of tests.	See battery summary		
S	Battery voltage not less than 85% of its rating after the tests.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
T	Generator provides power to the AC circuit serving the fire alarm system.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
U	Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

DATA COMMUNICATION LINK TEST

A	Each system abnormal condition specified in Table below was tested for each data communication link at the control unit or transponder.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Tests for alarm and trouble received under a single ground fault condition conducted on each conductor of that data communication link independently.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Each conductor in a data communication link, Class A (DCLA) tested for the capability of providing an alarm signal on each side of a single open circuit fault condition.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	Where a data communication link serves devices on more than one floor area, an imposed wire-to-wire short circuit fault within each floor area results in the receipt of a trouble and alarm condition from another floor area.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F	Where fault isolation in data communication links is provided between control units or transponders, the field wiring shorted between each pair of control units or transponders, the turn, annunciation of the fault confirmed and operation outside the shorted section confirmed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A



BUILDING NAME: 143 TOWNSEND AVE
 DATE: MARCH 14 2025

Location of Device	Device Type	Device Address or Circuit Number	Correctly Installed	Alarm, Supervisory or Function Confirmed	Annunciation Confirmed	Supervision & Ground Fault Detection	Smoke Sensitivity (%)	Duct Smoke Pressure Differential (INCH OF WATER)	Water Flow Delay (sec)	Maglock Operation	Notes
FIRE ALARM DEVICES											
GYM NEW PART											
DETECTION											
	S	1/1/1.1	✓	✓	✓	✓	1.75				
GYM CORRIDOR FSD	DS	1/1/2.1	✓	✓	✓	✓	1.75	0.2			
GYM STORAGE RM 139A	RHT	1/1/3.1	✓	✓	✓	✓	1.75				
GYM ROOM 139A FSD	DS	1/1/4.1	✓	✓	✓	✓	1.75	0.2			
GYM STAFF ROOM	S	1/1/5.1	✓	✓	✓	✓	1.75				
	RELY	1/1/5.2	✓	✓	✓	✓					RELAY BASE
GYM SIDE BY SERVING WINDOW	S	1/1/6.1	✓	✓	✓	✓	1.75				
	RELY	1/1/6.2	✓	✓	✓	✓					RELAY BASE
GYM EAST EXIT	M	1/1/7.1	✓	✓	✓	✓					
GYM NORTH EXIT	M	1/1/8.1	✓	✓	✓	✓					
GYM N/W CELLING	S	1/1/9.1	✓	✓	✓	✓	1.75				
GYM N/E CELLING	S	1/1/10.1	✓	✓	✓	✓	1.75				
GYM S/E CELLING	S	1/1/11.1	✓	✓	✓	✓	1.75				
GYM S/W CELLING	S	1/1/12.1	✓	✓	✓	✓	1.75				
GYM SOUTH EXIT	M	1/1/13.1	✓	✓	✓	✓					
GYM CHANGING RM 138	RHT	1/1/14.1	✓	✓	✓	✓					
GYM SMALL STORAGE 139B	RHT	1/1/15.1	✓	✓	✓	✓					
GYM OUTSIDE STORAGE 140	RHT	1/1/16.1	✓	✓	✓	✓					
GYM OUTSIDE STORAGE 140	M	1/1/17.1	✓	✓	✓	✓					
GYM CHANGING ROOM	RHT	1/1/18.1	✓	✓	✓	✓					
GYM CORRIDOR DS DAMPER RESET	RELAY	1/1/19.1	✓	✓	✓	✓					
GYM ROOM 139A FSD DS DAMPER RESET	RELAY	1/1/20.1	✓	✓	✓	✓					
SIGNAL											
CORRIDOR	H/V	1/0/0/1.1	✓	✓	✓	✓					
STORAGE ROOM 139A	H/V	1/0/0/1.1	✓	✓	✓	✓					
S/E	H/V	1/0/0/1.1	✓	✓	✓	✓					
N/E	H/V	1/0/0/1.1	✓	✓	✓	✓					
N/W	H/V	1/0/0/1.1	✓	✓	✓	✓					
S/W	H/V	1/0/0/1.1	✓	✓	✓	✓					
OUTSIDE STORGE ROOM 140	H/V	1/0/0/1.1	✓	✓	✓	✓					
CHANGEROOM 138	H/V	1/0/0/1.1	✓	✓	✓	✓					
CHANGE ROOM 137	H/V	1/0/0/1.1	✓	✓	✓	✓					
EXSITING PART											
DETECTION											
NORTH WING	M	1/0/0/2.1	✓	✓	✓	✓					
BOLIER ROOM	M	1/0/0/2.2	✓	✓	✓	✓					
WEST WING	M	1/0/0/2.3	✓	✓	✓	✓					
EAST WING	M	1/0/0/2.4	✓	✓	✓	✓					
OFFICE	M	1/0/0/2.5	✓	✓	✓	✓					



BUILDING NAME: 143 TOWNSEND AVE

DATE: MARCH 14 2025

Location of Device	Device Type	Device Address or Circuit Number	Correctly Installed	Alarm, Supervisory or Function Confirmed	Annunciation Confirmed	Supervision & Ground Fault Detection	Smoke Sensitivity (%)	Duct Smoke Pressure Differential (INCH OF WATER)	Water Flow Delay (sec)	Maglock Operation	Notes
PORTABLES	M	1/0/0/2.6	✓	✓	✓						
SIGNAL											
SIGNAL ZONE 1	H/V	1/0/0/1.2	✓	✓		✓					
SIGNAL ZONE 2	H/V	1/0/0/1.3	✓	✓		✓					
SIGNAL ZONE 3	H/V	1/0/0/1.4	✓	✓		✓					

Annunciator or remote trouble signal unit location: [MAIN ENTRANCE](#)

Annunciator or remote trouble signal unit identification: [RAXN-LCD](#)

A	Power 'ON' indicator operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Individual alarm, and supervisory input zones clearly indicated and separately designated.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Individual alarm, and supervisory input zone designation labels are properly identified.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	Common trouble signal operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	Visual indicator test (lamp test) operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F	Input wiring from control unit or transponder is supervised.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
G	Alarm signal silence visual indicator operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H	Switches for ancillary functions operate as per design and specification.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I	Ancillary functions visual indicators operate.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
J	Manual activation of alarm signal and indication operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
K	Displays are visible in installed location.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
L	Operates on emergency power.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
M	Visual indicators comply with Table 3 - visual indicators colour code	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
N	Multi-line sequential display operates as per 'ANNUNCIATORS or SEQUENTIAL DISPLAYS', where utilized.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A

ANNUNCIATORS OR SEQUENTIAL DISPLAYS

Annunciator or sequential display location: [GYM ENTRANCE](#)

Annunciator or sequential display identification: [RAXN-LCD](#)

A	Power 'ON' indicator operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Individual alarm and supervisory zone indication operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
	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).	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
	Specify Method of confirmation: Minimum of one alarm zone and one supervisory zoned tested per annunciator or sequential display to confirm operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
C	Individual alarm and supervisory zone designation labels are properly identified.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
D	Common trouble signal operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
E	Visual indicator test (lamp test) operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
F	Input wiring from control unit or transponder is supervised.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
G	Alarm signal silence visual indicator operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
H	Switches for ancillary functions operate as per design and specification.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
I	Ancillary function visual indicators operate.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
J	Manual activation of alarm signal and indication operates.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A
K	Displays are visible in installed location.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	N/A

REMOTE TROUBLE SIGNAL UNIT TEST AND INSPECTION

Remote Trouble Signal Unit Location: [NA](#)

Remote Trouble Signal Unit Identification:

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

PRINTER TEST

Printer Location: **NA**

Printer Identification:

A	Operates as per design and specification.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
B	Zone of each alarm initiating device is correctly printed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
C	Rated voltage is present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

DOCUMENTATION

A	Instruction for resetting the system and silencing alarm signals	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Instructions for silencing the trouble signal and action to be taken when the trouble signals sound	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	Description of the function of each operating control and indicator on the control unit	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	Description of the area or fire zone protected by each detection circuit (ex: zone list or plan drawing)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	Description of alarm signal operation.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F	Description of ancillary equipment controlled by the fire alarm system	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

FIELD DEVICE AND RELATED CIRCUITS - TEST AND INSPECTION

A	Correct field termination and wiring size	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B	Correct circuit polarities	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C	A conventional device tested and inspected for an open circuit fault results in a trouble signal	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D	An active field device or supporting device results in a trouble signal when the device is removed from the circuit.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E	If using a field verifying device, upon completion of circuit testing, one field device (in each circuit with contact devices) shall be tested for annunciation at the control unit.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
F	Each Class A circuit, serving conventional field devices, have been tested for the capability of providing an alarm signal on each side of an open circuit fault connection at an electrically remote point in the circuit.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
G	Each circuit has been tested at the electrically furthest field device for ground fault indication at the control unit. This ground fault does not result in a normal to off-normal status change indication on the circuit tested.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H	For circuits using fire alarm system power, tested the field device at the electrically furthest point from the power source (in every circuit) receives rated operating power as per rated characteristics in accordance with manufacturer's specification.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I	Replaceable over-current devices are of correct rating on circuits using fire alarm system power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
J	Wire type and gauge at all termination points is in accordance with equipment manufacturer's installation wiring requirements.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

REQUIRED SYSTEM RESPONSE TIMES

A	Audible signal devices and visual signal devices operate within 10 seconds from the activation of an alarm contact device.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-
	Audible signal devices and visual signal devices operate within 10 seconds from a subsequent activation of an alarm contact device.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-
B	Remote connection operate within 10 seconds from the activation of an alarm contact device.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
C	Releasing device start of sequence operate within 10 seconds from the activation of an alarm contact device.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
D	Required annunciation operated within 10 seconds from the activation of an alarm contact device.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
	Required annunciation operated within 10 seconds from a subsequent activation of an alarm contact device.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
E	Required central alarm and control facility operated within 10 seconds from the activation of an alarm contact device.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
	Required central alarm and control facility operated within 10 seconds from a subsequent activation of an alarm contact device.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
F	Ancillary circuits operated within 10 seconds from the activation of an alarm contact device.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	Ancillary circuits operated within 30 seconds from a subsequent activation of an alarm contact device.	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

ANCILLARY DEVICE CIRCUIT TEST

Record Specific Type of Ancillary Circuit

Relay Operation Confirmed

1	DAMPER	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	-
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BUILDING NAME: _____
DATE: MARCH 14 2025

Location	Ambient (dBA)	Alarm Signal (dBA)	Remarks
GYM SIGNAL			
CORRIDOR	<50	85	
STORAGE ROOM 139A	<50	86	
S/E	<50	86	
N/E	<50	85	
N/W	<50	86	
S/W	<50	86	
OUTSIDE STORGE ROOM 140	<50	85	
CHANGEROOM 138	<50	85	
CHANGE ROOM 137	<50	84	
EXSITING BLDG			
SIG #1	<50	87	
SIG #2	<50	86	
SIG#3	<50	87	



Fire Alarm System Battery Summary

Building Address: 143 TOWNSEND AVE

DATE: 14-Mar-25

DGP/Transponder Location/No: <u>OFFICE</u>		Date / Date Code: <u>2/25/2024</u>				
AC Breaker Location/No: <u>BY OFFICE LP2 #22</u>		Size: <u>12V55A</u>				
	AC POWER ON	AC POWER OFF	FULL LOAD TEST	CHARGING	BATTERY TYPE	
		0.7 AMPS	2.5 AMPS	3.2 AMPS	42.0	Amp Hour
LEFT BATTERY	13.6 VDC	13.3 VDC	13.2 VDC	MIN. REQUIRED	✓	Lead Acid
RIGHT BATTERY	13.7 VDC	13.3 VDC	13.2 VDC	18.0 AH		Gel Cell
						Nickel Cad