

Fire Marshal's Office

125 N. Division St. Room 201
Salisbury, Maryland 21803
410-548-4994 phone
410-548-4941 fax



Wicomico County
Department of
Planning, Zoning, &
Community Development

FIRE ALARM SYSTEM CERTIFICATE OF INSTALLATION

(To be filled out and given to Wicomico County Fire Marshal's Office at the time of the final acceptance test)

12/14

1. Protected Property Information

Name of Property:

Address:

Description of Property:

Occupancy Type:

Name of Property Representative:

Address:

Phone:

Fax:

E-mail:

Authority Having Jurisdiction over this property:

Wicomico County Fire Marshal

Phone: **410-548-4994**

Fax: **410-548-4941**

E-mail: **kwright@wicomicocounty.org**

2. Fire Alarm System Installation, Service, and Testing Information

Installation contractor for this equipment:

Address:

Phone:

Fax:

E-mail:

Service organization for this equipment:

Address:

Phone:

Fax:

E-mail:

Location of as-built drawings:

Location of historical test reports:

Location of system operation and maintenance manuals:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Contracted testing company:

Address:

Phone:

Fax:

E-mail:

Contract Expires:

Contract #:

Frequency of routine inspections:

3. Type of Fire Alarm System or Service

NFPA 72 Chapter Reference of System Type:

Name of organization receiving alarm signals with phone numbers (if applicable):

Alarm:

Phone:

Supervisory:

Phone:

Trouble:

Phone:

Entity to which alarms are retransmitted:

Phone:

Method of retransmission of alarms to that organization or location:

If Chapter 8, note the means of transmission from the protected premises to the central station:

Digital alarm communicator McCulloh Multiplex 2-way radio 1-way radio N/A

If Chapter 9, note the type of connection:

Local energy

Shunt

N/A

3.1 System Software

Operating system (executive) software revision level:

Site-specific software revision date:

Revision completed by:

Wicomico County Fire Marshal's Office
Fire Alarm Certificate of Installation (continued)

6. Supervisory Signal-Initiating Devices and Circuits (continued)

6.3 Engine-Driven Generator

Type of generator supervisory devices: Addressable Conventional Coded Transmitter N/A
Engine or control panel trouble Generator running Selector switch not in auto Low Fuel
Other:

7. Annunciators

7.1 Annunciator 1 Local Remote
Type: Addressable Directory Graphic N/A Location:
7.2 Annunciator 2 Local Remote
Type: Addressable Directory Graphic N/A Location:
7.3 Annunciator 3 Local Remote
Type: Addressable Directory Graphic N/A Location:

8. Alarm Notification Devices and Circuits

8.1 Emergency Voice Alarm Service

Number of single voice alarm channels: Number of multiple voice alarm channels:
Number of speakers: Number of speaker zones:

8.2 Telephone Jacks

Number of telephone jacks installed: Number of telephone handsets stored on site:
Type of telephone system installed: Electrically powered Sound Powered N/A

8.3 Nonvoice Audible System

Characteristics of notification device circuits connected to this system (see NFPA 72, Table 6.5):

Quantity: Style: Class:

8.4 Types and Quantities of Nonvoice Notification Appliances Installed

Bells: With visual device: Horns: With visual device:
Chimes: With visual device: Bells: With visual device:
Visual devices without audible devices: Other (describe):

9. Emergency Control Functions Activated

Hold-Open Door Releasing Devices Smoke Management or Smoke Control
Door Unlocking Elevator Recall Other:

Wicomico County Fire Marshal's Office
Fire Alarm Certificate of Installation (continued)

10. System Power Supply

10.1 Primary Power

Nominal Voltage Amps
Overcurrent protection: Type Amps
Location (of primary supply panelboard):
Disconnecting means location:

10.2 Secondary Power

Location: Type: Nominal Voltage: Current Rating:
Number of standby batteries: Amp hour rating:
Location of emergency generator:
Location of fuel storage:
Calculated capacity of secondary power to drive the system
In standby mode: In alarm mode:

11. Record of System Installation

Fill out after all installation is complete and wiring has been checked for opens, shorts, ground faults, and improper branching, but before conducting operational acceptance tests.

The system has been installed in accordance with the following NPFA standards:
(Note any or all that apply.)

NFPA 72 NFPA 70, Article 760 NFPA 101
Manufacturer's published instructions other (please specify):

System deviations from referenced NFPA standards:

System pre-test performed on: *(to be done prior to calling for final acceptance test)*

Signed: _____ Printed Name: Date:
Organization: Title: Phone:

12. Record of System Operation

All operational features and functions of this system were tested by or in the presence of the signer shown below, on the date shown below, and were found to be operating properly in accordance with the requirements of:

NFPA 72 NFPA 70, Article 760 NFPA 101
Manufacturer's published instructions Other (please specify):

Documentation in accordance with Inspection and Testing Form (Figure 10.6.2.3) is attached

Signed: _____ Printed Name: Date:
Organization: Title: Phone:

Wicomico County Fire Marshal's Office
Fire Alarm Certificate of Installation (continued)

13. Certifications and Approvals

13.1 System Installation Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.2 System Service Contractor

This system as specified herein has been installed and tested according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.3 Central Station

This system as specified herein will be monitored according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.4 Property Representative

I accept this system as having been installed and tested to its specifications and all NFPA standards cited herein. I also understand that as the protected premises responsible person I will ensure that this system will have an inspection, testing & maintenance program in place at all times according to all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

13.5 Authority Having Jurisdiction

I have witnessed a satisfactory acceptance test of this system and find it to be installed and operating properly in accordance with its approved plans and specifications, its approved sequence of operations, and with all NFPA standards cited herein.

Signed: _____ Printed Name: _____ Date: _____
Organization: [Wicomico County Fire Marshal](#) Title: [Fire Inspector/Marshal](#) Phone: [410-548-4994](#)