



**DELAWARE STATE FIRE MARSHAL  
FIRE ALARM SYSTEM  
CERTIFICATE OF INSTALLATION**



**1. GENERAL INFORMATION**

<b>Protected Property</b>		Date:	
Name			
Address/City /State/Zip			
Contact			
Phone			
<b>System Owner</b>			
Name			
Address/City /State/Zip			
Contact			
Phone			
System Engineered by:			
Location of Record Drawings:			
Location of System Manuals:			
Location of Test Reports:			

<b>System Installer</b>			
Name			
Address/City /State/Zip			
Contact			
Phone	Delaware License No:	Certificate Holder No.	

<b>System Supplier</b>			
Name			
Address/City /State/Zip			
Contact			
Phone	Delaware License No:	Certificate Holder No.	

**2. CERTIFICATION OF SYSTEM INSTALLATION:** Fill out after installation is complete and wiring has been checked for opens, shorts, ground faults and improper branching, but prior to conducting operational acceptance tests).

The installer certifies that the installation was inspected by \_\_\_\_\_ on \_\_\_\_\_ and that it is in strict accordance with the approved plans and specifications, and that the system installation fully complies with the installation requirements of:

	Delaware State Fire Prevention Regulations
	Building Codes and other application regulations of County and/or Municipal Government (Specify)
	NFPA 72, The National Fire Alarm Code
	Article 760 of NFPA 70, The National Electric Code
	Instructions of supplier and manufacturer
	Other (specify)

Installer:	
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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<b>Protected Property</b>	Date:
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**3. CERTIFICATION OF SYSTEM OPERATION:**

The installer certifies that all operational features and functions of the system were tested and inspected by \_\_\_\_\_ on \_\_\_\_\_

and that all were found to be operating property in strict accordance with the approved plans and specifications, and acknowledges that all components of the system are in service and that the system installation fully complies with the operational requirements.

Delaware State Fire Prevention Regulations
Building Codes and other application regulations of County and/or Municipal Government (Specify)
NFPA 72, The National Fire Alarm Code
Article 760 of NFPA 70, The National Electric Code
Instructions of supplier and manufacturer
Other (specify)

Installer:
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Operational testing of the system witnessed and accepted by the Authority Having Jurisdiction.
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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**4. TYPE OF SYSTEM OR SERVICE**

Central Station Service. (Name, location and telephone number of the Central Station)
Name
Location
Telephone

Local alarm system. If alarm is transmitted to location(s) off premise list where received:
Name
Location
Telephone

Auxiliary alarm system. Indicate type of connection: <input type="checkbox"/> Local energy, <input type="checkbox"/> Shunt, <input type="checkbox"/> Parallel Telephone
Name, Location and telephone number of receipt of signals:
Name
Location
Telephone

Remote Station Service. Name, Location and telephone number of receipt of signals:
Name
Location
Telephone

Proprietary alarm system. If alarms are retransmitted to Public Fire Service Communications Center or Central Station, indicate name, location and telephone number of the organization receiving the alarm:
Name
Location
Telephone

Indicate how the alarm is retransmitted:
Emergency Voice/Alarm Service. Quantity of voice/alarm channels: <input type="checkbox"/> Single, <input type="checkbox"/> Multiple (specify):

Speaker zones wired <input type="checkbox"/> Dual Path, <input type="checkbox"/> Single Path. If single path, is installation wiring enclosed in a 2-hour rated enclosure? <input type="checkbox"/> Yes (specify) <input type="checkbox"/> No
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**5. ALARM INITIATING DEVICES AND CIRCUITS**

Quantity and style (see NFPA 72, Table 3-5.1) of initiating circuits connected to the system:						
Quantity		Style				
Types and quantities of alarm initiating devices installed:						
	Manual Stations,		Noncoded,		Coded,	Quantity
	Heat Detectors,		Fixed,		Rate of Rise,	Quantity
	Smoke Detectors,		Ion,		Photo,	Quantity
	Duct Detectors,		Ion,		Photo,	Quantity
	Sprinkler Water Flow Switches,					Quantity
	Fire Fighters Phones, Jacks,					Quantity
	Other (specify)					Quantity

**6. ALARM NOTIFICATION APPLIANCES AND CIRCUITS**

Quantity and style (see NFPA 72, Table 3-7.1) of notification appliance circuits connected to the system:						
Quantity		Style				
Types and quantities of alarm notification appliances installed:						
	Bell, Type/Size				Quantity	
	Horn, Type				Quantity	
	Chimes, Type/Size				Quantity	
	Speakers, Type/Size				Quantity	
	Remote Annunciators, Type				Quantity	
	Fire Fighters Phones, Jacks,				Quantity	
	Other (specify)				Quantity	
Indicate whether visual signals are		combined with audible or,		mounted separately.		
Measured alarm sound pressure level is		dB, measured equivalent (average) ambient sound				
pressure level is		dBA.				
Area in which measurement was taken:						
Date:		Time of Day				
Measurement Device Utilized:						

**7. SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUITS:**

Quantity and style (see NFPA 72, Table 3-5.1) of supervisory circuits:						
Quantity		Style				
	Sprinkler Control Valve, Type				Quantity	
	Building Temperature, Type				Quantity	
	Site Water Temperature, Type/Size				Quantity	
	Site Water Supply Level, Type				Quantity	
Electric Fire Pump:						
	Fire Pump Power, Quantity					
	Fire Pump Running, Quantity					
Engine Driven Fire Pump:						
	Selector in Auto. Position, Quantity					
	Engine or Control Panel Trouble, Quantity					
	Fire Pump Running, Quantity					



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<b>Protected Property</b>		<b>Date:</b>	
<b>Engine Driven Generator:</b>			
	Selector in Auto. Position, Quantity		
	Control Panel Trouble, Quantity		
	Transfer Switch, Quantity		
	Engine Running, Quantity		
	Other Supervisory Function(s) (specify)	Quantity	

**8. SIGNALING LINE CIRCUITS:**

Quantity and style (see NFPA 72, Table 3-6.1) of signaling line circuits connected to system:			
Quantity		Style	

**9. SYSTEM POWER SUPPLIES:**

<b>A. Primary (Main) Power: Nominal Voltage</b>			<b>Amps</b>	
<b>Over Current Protection: Type</b>			<b>Amps</b>	
<b>Location</b>				
Is primary power provided by a dedicated branch circuit from the protected property's light and power service? Yes      No (explain)				
Is the circuit disconnecting means labeled "FIRE ALARM CIRCUIT CONTROL", and is it locked out? Yes      No (explain)				
<b>B. Secondary (Standby) Power:</b>				
<b>Storage Battery: Amp-Hour rating</b>				
<b>Calculated standby capacity to operate system in standby for</b>		24 hours,	60 hours,	Other
<b>Engine driven generator dedicated to fire alarm system:</b>				
<b>Location of fuel storage</b>				
<b>C. Emergency or Standby System used as a backup to Primary Power Supply, instead of using a Secondary Power Supply:</b>				
Emergency system described in NFPA 70, Article 700.				
Legally Required Standby System described in NFPA 70, Article 701.				
Optional Standby System described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.				

**10. KNOWN SYSTEM DEVIATIONS FROM THE REFERENCED CODES, REGULATIONS AND STANDARDS**

	None
	As Follows (describe fully) _____ (use additional sheets if necessary)

**11. SYSTEM ACCEPTANCE:**

A. The Certificate Holder verifies that on \_\_\_\_\_ all operational features and functions of the system control Equipment were operationally testing and inspected by \_\_\_\_\_ and that the control equipment was found to be operating property in strict accordance with the approved plans and Specifications and that the system control equipment fully complies with the operational requirements of:

	Delaware State Fire Prevention Regulations
	Building Codes and other application regulations of County and/or Municipal Government (Specify) _____
	NFPA 72, The National Fire Alarm Code
	Article 760 of NFPA 70, The National Electric Code
	Instructions of supplier and manufacturer
	Other (specify) _____

Certificate Holder: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



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B. The System Owner accepts the system as installed and acknowledges that the System fully performs to the System Owner's complete satisfaction. Further, the System Owner acknowledges receiving an Office of State Fire Marshal memorandum titled "System Owners Responsibility for Testing, Inspection and Maintenance of Fire Alarm Signaling Systems".

System Owner: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

C. The Authority Having Jurisdiction (AHJ) accepts the system as installed and acknowledges that the System fully performs to the AHJ's complete satisfaction.

AHJ: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

AHJ not present for final testing/inspection.