DELAWARE STATE FIRE MARSHAL
FIRE ALARM SYSTEM
CERTIFICATE OF INSTALLATION

1. GENERAL INFORMATION

Protected Property		Date:	
Name			
Address/City /State/Zip			
Contact			
Phone			

System Owner

Name	
Address/City /State/Zip	
Contact	
Phone	

System Engineered by:	
Location of Record Drawings:	
Location of System Manuals:	
Location of Test Reports:	

System Installer

Name					
Address/City /State/Zip					
Contact					
Phone		Delaware License No:		Certificate Holder No.	

System Supplier

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:	

Signed: _____ Date: _____

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Protected Property		Date:	

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:	

Signed: _____ Date: _____

	Operational testing of the system witnessed and accepted by the Authority Having Jurisdiction.

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:		Local energy,		Shunt,		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:			Single,		Multiple (specify):	
Speaker zones wired		Dual Path,		Single Path.	If single path, is installation wiring enclosed in a 2-hour rated		
enclosure?		Yes (specify)					No

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5. ALARM INITIATING DEVICES AND CIRCUITS

Quantity and style (see NFPA 72, Table 6-5) 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 6.7) 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		dBA, 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 6.6.1) 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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Engine Driven Generator:					
	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 6.6.1) of signaling line circuits connected to system:			
Quantity		Style	

9. SYSTEM POWER SUPPLIES

A. Primary (Main) Power: Nominal Voltage		Amps	
Over Current Protection: Type		Amps	
Location			
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. Secondary (Standby) Power:					
	Storage Battery: Amp-Hour rating				
Calculated standby capacity to operate system in standby for		24 hours,		60 hours, Other	
	Engine driven generator dedicated to fire alarm system:				
Location of fuel storage					

C. Emergency or Standby System used as a backup to Primary Power Supply, instead of using a Secondary Power Supply:	
	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.