

Fire alarm system record of completion

NFPA 72 · 2019 edition · system record of completion · blank form to print and fill by hand

Record

Date this record was completed _____

Supplement pages attached (count or list) _____

1. Property

Property name _____

Property address _____

State (two letters) _____

County _____

Description of the property _____

Owner / representative — name _____

Representative — address _____

Representative — phone _____

Representative — fax _____

Representative — email _____

2. Installation, service, testing and monitoring

Installation contractor — name _____

Installation contractor — address _____

Installation contractor — phone _____

Installation contractor — fax _____

Installation contractor — email _____

Service organization — name _____

Service organization — address _____

Service organization — phone _____

Service organization — fax _____

Service organization — email _____

Testing organization — name	
Testing organization — address	
Testing organization — phone	
Testing organization — fax	
Testing organization — email	
Inspection & testing contract — start date	
Monitoring organization — name	
Monitoring organization — address	
Monitoring organization — phone	
Monitoring organization — fax	
Monitoring organization — email	
Monitoring account number	
Phone line 1	
Phone line 2	
Means of transmission	
Alarm signals passed on to	
Their phone	

3. Documentation

Where on site the record documents and site-specific software are kept	
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4. System

This record is for	☐ A new system ☐ A modification of an existing system
Permit number	
Control unit — manufacturer	
Control unit — model	
Firmware revision	
The system has no alarm verification	☐ Yes ☐ No
Devices on alarm verification (count)	
Alarm verification time (seconds)	

5. System power

Primary — control panel input voltage

Primary — control panel amps

Overcurrent protection — type

Overcurrent protection — amps

Branch circuit disconnect — location

Branch circuit number

Secondary power — type

Secondary power — location, if remote

Calculated capacity — standby (hours)

Calculated capacity — alarm (minutes)

No power extender panels

☐ Yes☐ No

Power extender panels listed on a supplement sheet

☐ Yes☐ No

6. Circuits and pathways

Circuit	Dual media pathway	Separate pathway	Pathway class	Survivability level
Signaling line				
Device power				
Initiating device				
Notification appliance				
Other (specify)				

7. Remote annunciators

Annunciator	Type	Location
Annunciator 1		
Annunciator 2		

8. Initiating devices

Device	Quantity	Addressable or conventional (Addressable / Conventional / Both)	Alarm or supervisory (Alarm / Supervisory / Both)	Sensing technology
Manual pull stations				
Smoke detectors				

Device	Quantity	Addressable or conventional (Addressable / Conventional / Both)	Alarm or supervisory (Alarm / Supervisory / Both)	Sensing technology
Duct smoke detectors				
Heat detectors				
Gas detectors				
Carbon monoxide detectors				
Waterflow switches				
Tamper switches				

9. Notification appliances

Appliance	Quantity	Description
Audible		
Visual		
Combination audible/visual		

10. System control functions

Function	Quantity	Notes (name the function for «other»)
Hold-open door releases		
HVAC shutdown		
Fire/smoke dampers		
Door unlocking		
Elevator recall		
Elevator shunt trip		
Other function 1		
Other function 2		

11. Interconnected systems

No interconnected systems ☐ Yes ☐ No

Interconnected systems listed on supplement sheet _____

Supplement — notification appliance power panels

Optional. One row per power extender panel (Figure 7.8.2(d) in the standard).

Panel	Make and model	Location	Area served	Power source
Panel 1				
Panel 2				
Panel 3				

Panel	Make and model	Location	Area served	Power source
Panel 4				
Panel 5				
Panel 6				

Supplement — interconnected systems

Optional. Systems connected to the fire alarm system (Figure 7.8.2(e)).

System	Description	Location	Purpose
System 1			
System 2			
System 3			
System 4			
System 5			

Supplement — deviations from adopted codes and standards

Optional. Each deviation and why it was made (Figure 7.8.2(f)).

Deviation	Description	Purpose / justification
Deviation 1		
Deviation 2		
Deviation 3		
Deviation 4		
Deviation 5		

12. Acceptance test

Acceptance test — date and time

Installation contractor representative

Testing contractor representative

Property representative

Authority having jurisdiction representative

Signature

Installed in accordance with the NFPA standards and edition shown on this record.

Name (print)

Signature

Date

Organization

Title

Phone

Signature

Operationally tested in accordance with the NFPA standards and edition shown on this record.

Name (print)

Signature

Date

Organization

Title

Phone

Prefer your phone? strobeline.com/app keeps each building’s device list, records results with no signal, signs on site and sends the owner a link to the stored record.