

CAN/ULC-S536:2019-REV1
ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORD

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Company Name	
Company Address	

ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORD

20.1 Fire Alarm System Annual Test and Inspection Report

Inspection Date (DD/MM/YYYY):		
Report Revision Date. (DD/MM/YYYY):		
Building Name:		
Address: City, Province, Postal Code:		
Building Owner or representative's name:		
System manufacturer: Model number:		
Systems Provides: <input type="checkbox"/> Single Stage Operation <input type="checkbox"/> Two Stage Operation <input type="checkbox"/> Other (describe special operation): _____		
The <i>fire alarm system</i> is connected to a fire <i>signal receiving centre</i> . Name, if applicable: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
This Report comprises of _____ pages		

The entire <i>fire alarm system</i> has been inspected and tested in accordance with CAN/ULC-S536:2019, Inspection and Testing of Fire Alarm Systems.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The <i>fire alarm system</i> is fully functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
During the Annual Inspection and Test were any Deficiencies Identified? See Page 2, if applicable.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
As of the following Date (M/D/Y) all identified Deficiencies have been corrected:		
During the Annual Inspection and Test were any <i>Recommendations</i> Identified? See Page 3, if applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The following person is responsible for ensuring that the information contained in this Test and Inspection Report is correct and complete:		
Printed Name:		
Certificate/ID Number (short formed)		
Signature (This certifies that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete)		
Company Conducting Test:		
Company Phone Number:		
Was there a secondary person who conducted the Test and Inspection?		
	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Printed Name:		
Certificate/ID Number:		
Signature (This certifies that the information contained in this Fire Alarm System Annual Test and Inspection Report is correct and complete)		
Company Conducting Test:		
Company Phone Number:		

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20.2 Deficiencies

NOTE: System and device installation locations may differ from those described in CAN/ULC-S524 if a performance based design and alternate solution documents were submitted and approved by the authority having jurisdiction for the system under test.

The Inspection and Testing of any corrections/repairs of deficiencies noted on this form has been completed by qualified personnel in the column marked "Technician Name & Certificate No." – page 2								
Item #	Device type	Device location	Deficiency	CAN/ULC-S536 Standard reference clause	Date corrected (M/D/Y)	Work order or reference No.	Company which corrected deficiency	Technician name & certificate no.

I understand that all Deficiencies noted in the table above have been corrected:
Building Owner / Owner's Representative Name: _____
Building Owner / Owner's Representative Signature: _____
Date of Signature: _____

NOTE: Only the above table needs to be updated on correction of deficiencies. The entire report does not have to be reissued.

20.3 Recommendations

Recommendations – page 3

20.4 Technician Attendance Log

NOTE: See [7.4](#).

Date (MM/DD/YY)	Time in / Time out	Notes (for the day)	Primary technician printed name	Primary technician certification #

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21 Documentation

NOTE: See Section [7](#), Documentation.

21.1 Documentation for the *fire alarm system* is available or accessible on site and includes the following description of the *fire alarm system*:

A	Instructions for resetting the system and silencing <i>alarm signals</i> .	Yes <input type="checkbox"/>			<input type="checkbox"/>
B	Instructions for silencing the <i>trouble signal</i> and action to be taken when the <i>trouble signal</i> sounds.	Yes <input type="checkbox"/>			<input type="checkbox"/>
C	Description of the function of each operating control and indicator on the fire alarm unit.	Yes <input type="checkbox"/>			<input type="checkbox"/>
D	Description of the area or fire <i>zone</i> protected by each alarm detection circuit (this may be in the form of a list or plan drawing).	Yes <input type="checkbox"/>			<input type="checkbox"/>
E	Description of <i>alarm signal</i> operation.	Yes <input type="checkbox"/>			<input type="checkbox"/>
F	Description of ancillary equipment controlled by the <i>fire alarm system</i> .	Yes <input type="checkbox"/>			<input type="checkbox"/>
G	In systems that provide logical control of a <i>smoke control system</i> , documentation is on site and includes a sequence of operation of the <i>smoke control system</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A	
H	<i>Building</i> diagrams are on site that clearly indicate the type and location of all smoke-control equipment (fans, dampers, etc.).	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
I	Description of <i>fire alarm system</i> :	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	i) Sequence of operation (See Annex D .)	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	ii) Operating instructions (See Annex D .)	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	iii) Description of each type of <i>field device</i>	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	iv) Details of input to programmed output functions for programmed systems	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	v) Connection to a fire <i>signal receiving centre</i> , if required by applicable codes and regulations	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	vi) Previous verification report(s) and all documentation related to any modification showing approval of such modifications by the AHJ, if applicable	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
	vii) The as-built drawings of the building fire alarm system (See Annex D .)	Yes <input type="checkbox"/>		<input type="checkbox"/>	
	viii) Copy of the site specific <i>software</i> (if applicable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	
J	Indicate location(s) and media type(s) of documentation: _____ _____ _____				

22.1 Control Unit or Transponder Inspection

YES <input type="checkbox"/> = Operated correctly	NO <input type="checkbox"/> = Did not operate correctly (Refer to Deficiencies, 20.2)	N/A <input type="checkbox"/> = Not applicable Function or feature not provided on this fire alarm system
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22.1 Control Unit or Transponder Inspection

NOTE 1: See Clause [8.2 in ULC-S536](#).

NOTE 2: Complete section for each *control unit* or *transponder*.

Control unit or transponder location:				
Control unit or transponder identification:				
A	Input circuit designations correctly identified in relation to connected <i>field devices</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected <i>field devices</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Correct designations for common control functions and indicators.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Plug-in components and modules securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Plug-in cables securely in place.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	(i) Record the date, revision and version of <i>firmware</i>	Date: _____ Rev: _____ Ver: _____		
	(ii) Record the date, revision and version of <i>software program</i> .	Date: _____ Rev: _____ Ver: _____		
G	Clean and free of dust and dirt.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Fuses in accordance with manufacturer's <i>specification</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Control unit or transponder lock functional.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Termination points from wiring to <i>field devices</i> secure.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

22.2 Control Unit or Transponder Test

See [8.3 in ULC-S536](#).

Complete section for each *control unit* or *transponder*.

Control unit or transponder location:				
Control unit or transponder identification:				
A	Power 'ON' visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Document MS Downloaded By Kamen N. Hristov on 1/20/2024 - 12:15 PM Nicholas K. Hristov Inc.
B	Time and date indication corresponds with local time and date.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C	Common visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D	Common audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E	<i>Trouble signal</i> silence switch operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
F	<i>Main power supply</i> failure <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
G	<i>Trouble signal</i> operates during positive and negative <i>ground</i> fault tests	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
H	<i>Alert signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
I	<i>Alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
J	Automatic transfer from <i>alert signal</i> to <i>alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Time: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
K	Manual transfer from <i>alert signal</i> to <i>alarm signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
L	Automatic transfer from <i>alert signal</i> to <i>alarm signal</i> cancel (acknowledge) feature operates on a two-stage system.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
M	<i>Alarm signal</i> silence inhibit function operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
N	<i>Alarm signal</i> manual silence operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
O	<i>Alarm signal</i> silence visual indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
P	<i>Alarm signals</i> when silenced, automatically reinitiate only upon <i>subsequent alarm</i> from another NBC required fire alarm zone.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Q	Duration of <i>alarm signal</i> prior to automatic silence.	Time	No <input type="checkbox"/>	
R	Audible and visual <i>alert signals</i> and <i>alarm signals</i> programmed and operate per <i>design</i> and <i>specification</i> ; or documentation as provided in Section 21 .	Time: _____		
S	<i>Input circuit</i> , alarm and supervisory operation, including audible and visual indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
T	<i>Input circuit</i> supervision fault causes a trouble indication.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
U	<i>Output circuit</i> alarm indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
V	<i>Output circuit</i> supervision fault causes a trouble indication.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
W	Visual indicator test (lamp test) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
X	Coded signal sequences operate not less than the required number of times and the correct <i>alarm signal</i> operates thereafter.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Y	Coded signal sequences are not interrupted by <i>subsequent alarms</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Z	Ancillary device by-pass results in a <i>trouble signal</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
AA	<i>Input circuit</i> to <i>output circuit</i> operation, including ancillary device <i>circuits</i> , for correct program operation, as per <i>design</i> and <i>specification</i> , or documentation as detailed in D , Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
BB	System Reset operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
CC	<i>Main power supply</i> to <i>emergency power supply</i> transfer operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
DD	<i>Smoke detector</i> alarm verification (status change confirmation) verified. [Refer to 14.4.3 , Smoke Detector Alarm Verification (Status Change Confirmation)].	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

22.3 Voice Communication Test

NOTE: See Subsection [8.5 in ULC-S536](#).

There are no <i>Voice Communication</i> Capabilities on this system. <input type="checkbox"/>			
A	Power 'ON' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
B	Common visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
C	Common audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
D	<i>Trouble signal</i> silence switch operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
E	All-call <i>voice paging</i> , including visual indicator, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
F	<i>Output circuits</i> for selective <i>voice paging</i> , including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
G	<i>Output circuits</i> for selective <i>voice paging</i> trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
I	Operation of <i>voice paging</i> does not interfere with initial inhibit time of <i>alert signal</i> or <i>alarm signal</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
J	All-call <i>voice paging</i> operates (on <i>emergency power supply</i>).	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
K	Where systems use back-up amplifiers, the automatic transfer feature operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
L	<i>Circuits</i> for <i>emergency telephone</i> call-in operation, including audible and visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
M	<i>Circuits</i> for <i>emergency telephones</i> for operation, including two-way <i>voice communication</i> , operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
N	<i>Circuits</i> for <i>emergency telephone</i> trouble operation, including visual indication, operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
O	<i>Emergency telephone</i> verbal communication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
P	<i>Emergency telephone</i> operable or in-use tone at handset operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Q	In standby mode, a short, or open on a paging, alert, alarm, or <i>emergency telephone voice communication buss</i> results in a <i>buss</i> specific trouble condition.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

22.4 Power Supply Inspection

NOTE: See [9](#), Power Supplies [in ULC-S536](#).

<i>Control unit</i> or <i>transponder</i> location:			
<i>Control unit</i> or <i>transponder</i> identification:			
<i>Circuit</i> disconnect means or breaker location:			
<i>Circuit</i> disconnect means or breaker identification:			
A	Fused in accordance with the manufacturer's marked rating of the system.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
B	The primary supply is equipped with the identified disconnect means.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
C	Adequate to meet the requirements of the system.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
D	A short on the isolated side of each power isolation module results in a trouble condition	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
E	Operation of a device on the source side of each shorted power isolation module is confirmed.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
F	Power for ancillary devices is taken from a source separate from the <i>fire alarm system control unit</i> or <i>transponder</i> power supply.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
G	Power for ancillary devices is taken from the <i>control unit</i> or <i>transponder</i> that is designed to provide such power.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
H	Ancillary devices, which are powered from <i>control unit</i> or <i>transponder</i> , are recorded.	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>

22.5 Emergency Power Supply Test and Inspection

NOTE 1: See [9.2](#), [9.3](#), [9.4](#) and Annex [C](#), Battery Tests [in ULC-S536](#).

NOTE 2: Complete section for each *emergency power supply*.

Emergency power supply location:				
Emergency power supply identification:				
Emergency power supply provided by:				
Batteries <input type="checkbox"/>	Generator <input type="checkbox"/>	UPS <input type="checkbox"/>	Combination <input type="checkbox"/>	
NBC required full load alarm operation time	2 h <input type="checkbox"/>	1 h <input type="checkbox"/>	30 min <input type="checkbox"/>	5 min <input type="checkbox"/>
Installed batteries Qty.: _____ V dc : _____ A•h : _____				

BATTERY TESTS (Reference: 9.2)				
A	Correct battery type as recommended by manufacturer.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Battery voltage with <i>main power supply</i> 'ON'.	Voltage: _____ V dc Current: _____ A		
D	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in supervisory condition.	Voltage: _____ V dc Current: _____ A		
E	Battery voltage and current with <i>main power supply</i> 'OFF' and <i>fire alarm system</i> in full load alarm condition.	Voltage: _____ V dc Current: _____ A		
F	Battery free of physical damage.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Battery terminals cleaned and lubricated.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	Battery terminals clamped tightly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Correct electrolyte level.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Specific gravity of electrolyte is within manufacturer's <i>specifications</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Battery free of Electrolyte leakage.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Adequately ventilated.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Battery manufacturer's date code.	Date: _____		
N	Disconnection of battery causes <i>trouble signal</i> at the fire alarm control unit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
O	Indicate type of battery tests performed:.			
	(i) Required supervisory load for 24 h followed by the required full load operation; or	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(ii) Silent accelerated test. (Refer to Annex C1 , New Silent Accelerated Test Method); or	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	(iii) Battery manufacturer's method. Specify: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
P	Record calculated battery capacity (Refer to Annex C2 .)	_____ A•h		
Q	Record battery terminal voltage after completion of tests.	_____ V dc		
R	Confirm battery voltage not less than 85% of its rating after the tests.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
S	Battery Charging Current	_____ A		

EMERGENCY POWER GENERATOR TESTS (Reference: 9.3)				
A	Generator provides power to the AC <i>circuit</i> serving the <i>fire alarm system</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Trouble condition at the emergency generator shall result in an audible common <i>trouble signal</i> and a visual indication at the required <i>annunciator</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Generator Run condition at the emergency generator shall result in an audible common <i>trouble signal</i> and a visual indication at the required <i>annunciator</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

22.6 Annunciator, Remote Trouble Signal Unit, Display and Control Centre Test and Inspection

NOTE 1: See Section [10 in ULC-S536](#).

NOTE 2: Complete section for each device.

<i>Annunciator</i> or remote <i>trouble signal</i> unit location:				
<i>Annunciator</i> or remote <i>trouble signal</i> unit identification:				
A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm and supervisory <i>zone</i> designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Where individual devices are annunciated confirm the individual alarm and supervisory indications are properly identified	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Where active and <i>supporting field devices</i> are utilized, the device location and programmed device label/descriptor shall be confirmed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Common <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Visual indicator <i>test</i> (lamp <i>test</i>) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	<i>Alarm signal</i> silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Switches for ancillary functions operate as per <i>design</i> and <i>specification</i> , or in accordance with documentation as detailed in Annex D , Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Other ancillary function visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Manual activation of <i>alarm signal</i> and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Displays are visible in installed location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Operates on emergency power.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

22.7 Annunciator or Sequential Display

NOTE 1: See [10.2 in ULC-S536](#).

NOTE 2: If the *fire alarm system* DOES utilize remote annunciators, complete [22.7](#) for each *annunciator* or *sequential display*.

There are no <i>annunciators</i> or <i>sequential displays</i> on this system. <input type="checkbox"/>				
Annunciator or <i>sequential display</i> location:				
Annunciator or <i>sequential display</i> identification:				
A	Power 'on' indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
B	Individual alarm and supervisory <i>zone</i> designation labels are properly identified.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
C	Where individual devices are also annunciated confirm the individual alarm and supervisory indications are properly identified	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
D	Where active and <i>supporting field devices</i> are utilized, the device location and programmed device label/descriptor shall be confirmed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
E	Common <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
F	Visual indicator <i>test</i> (lamp <i>test</i>) operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
G	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
H	<i>Alarm signal</i> silence visual indicator operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
I	Switches for ancillary functions operate as per <i>design</i> and <i>specification</i> , or in accordance with documentation as detailed in Section 21 . (See section 7 .)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
J	Ancillary function visual indicators operate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
K	Manual activation of <i>alarm signal</i> and indication operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
L	Displays are visible in installed location.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
M	Multi-line <i>sequential display</i> operates as per 10.2 , where utilized.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

22.8 Remote Trouble Signal Unit Test and Inspection

NOTE : If the *fire alarm system* DOES utilize remote *trouble signal* unit, complete [22.8](#) for each remote *trouble signal* unit.

There are no remote <i>trouble signal</i> units on this system. <input type="checkbox"/>			
Remote <i>trouble signal</i> unit location:			
Remote <i>trouble signal</i> unit identification:			
A	Input wiring from <i>control unit</i> or <i>transponder</i> is supervised.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B	Visual <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	Audible <i>trouble signal</i> operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D	Audible <i>trouble signal</i> silence operates.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22.9 Printer Test

NOTE: If the *fire alarm system* DOES utilize printers, complete [22.9](#) for each printer unit.

There are no printers on this system. <input type="checkbox"/>			
Printer location:			
Printer identification:			
A	Operates as per <i>design</i> and <i>specification</i> , or in accordance with documentation as detailed in Annex D , Description of Fire Alarm System for Inspection and Test Procedures.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B	Zone of each alarm initiating device is correctly printed.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

22.10 Ancillary Device Circuit Test

Specific type of ancillary circuit	Ancillary circuit powered by:		Operation of ancillary circuit confirmed		Method of confirmation See Annex A , A22.10
	FACU* Check if applicable	Others specify			
	<input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<input type="checkbox"/>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	
*FACU – fire alarm control unit					

NOTE: The tests reported on this Form may not include the actual operational test of ancillary devices, except when noted in the Method of Confirmation column. See Annex [A](#), [A22.10](#).

22.11 Interconnection to the Fire Signal Receiving Centre

NOTE: If the *fire alarm system* DOES have an interconnection to the *fire signal receiving centre*, complete [22.11](#) for each transmitter.

There are no interconnections to a Fire Signal Receiving Centre on this system. <input type="checkbox"/>			
A	The fire <i>signal receiving centre</i> transmitter is integral to the fire alarm control unit.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B	Receipt of the alarm transmission to the fire <i>signal receiving centre</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C	Receipt of the supervisory transmission to the fire <i>signal receiving centre</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
D	Receipt of the trouble transmission to the fire <i>signal receiving centre</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E	Disabling or disconnecting the fire <i>signal receiving centre</i> transmitter results in a specific <i>trouble signal</i> at the control unit or transmitter and also transmits a <i>trouble signal</i> to the fire <i>signal receiving centre</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F	Disabling or disconnecting the fire <i>signal receiving centre</i> transmitter transmits a <i>trouble signal</i> to the fire <i>signal receiving centre</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G	Record the company name and telephone number of the fire <i>signal receiving centre</i> .	Name:	
		Telephone:	
H	Operation of the fire <i>signal receiving centre</i> disconnect means transmits trouble to the fire <i>signal receiving centre</i> .	Yes <input type="checkbox"/>	No <input type="checkbox"/>

23 Field Device Records

23.1 Field Device Testing – Legend and Notes

NOTE: Add additional line items for each additional type and/or model number of devices forming part of the *fire alarm system* as necessary to this Legend.

Device type	Description	Type	Model no.
M	<i>Manual Station</i>		
RHT	<i>Heat Detector, Restorable</i>		
HT	<i>Heat Detector, Non-restorable</i>		
S	<p><i>Smoke Detector</i></p> <p>Sensitivity Test Method or Test Equipment:</p> <p>Model/Method: _____</p> <p>Manufacturer Sensitivity Range: _____</p> <p>Note: CAN/ULC-S529 required range is 0.5 to 4.0 %/ft obscuration. Recorded sensitivity measurement units may not be in %/ft depending upon the testing method used.</p>	<p>Not applicable</p> <p>Not applicable</p>	<p>Not applicable</p> <p>Not applicable</p>
SB	Sounder base		
RI	Remote Indicator Unit		
DS	<i>Duct Smoke Detector</i>		
–	Other Type of Detector		
SFD	<i>Supporting Field Device (Monitor)</i>		
FS	Sprinkler Flow Switch		
SS	<i>Sprinkler Supervisory Device</i>		
–	Other <i>Supervisory Devices</i> (Low Pressure, Low Water, Low Temperature, Power Loss, etc.)		
EM	<i>Fault isolator</i>		
B	Bell		
H	Horn		
V	<i>Visible Signal Device</i>		
SP	Cone Type Speaker		
HSP	Horn Type Speaker		
SSS	Suite Silencing Switch		
SSAD	Suite Silencing Audible Device		
AD	<i>Ancillary Device</i>		
ET	<i>Emergency Telephone</i>		
EOL	End-of-Line Device		

NOTE: Refer to Section [14](#), Field Devices.

The following notes apply to [23.2](#), Individual Device Record:

NOTE 1: *Smoke detector* sensitivity reading confirmed by the control panel or measurement obtained through testing to be recorded in the *measurements* column.

NOTE 2: *Smoke detector* cleaning or replacement date to also be recorded in the *measurements* column.

NOTE 3: Status Change, including time delay, to be recorded in the *measurements* column. Refer to Annex [A3.73](#) and Annex [F](#).

NOTE 4: Duct *smoke detector* pressure differential to be confirmed and recorded in the *measurements* column.

NOTE 5: Transport time of *air sampling type detector* to be confirmed and recorded in the *measurements* column.

NOTE 6: Time delay setting of *water flow device* to be recorded in the *measurements* column.

NOTE 7: Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.

NOTE 8: Upper and lower pressure setting of *supervisory devices* to be recorded in the *measurements* column.

NOTE 9: Low temperature setting to be recorded in the *measurements* column.

NOTE 10: Identify the specific ancillary devices in the comments column.

NOTE 11: The date any *field device* is changed should be recorded in the comments column.

NOTE 12: Identify correct *field device* operation (e.g., alarm, trouble, supervisory, annunciation indication).

NOTE 13: Identify *zone*, *circuit* number, or address.

NOTE 14: Identify *conventional* field device locations.

NOTE 15: Identify active *field device* and *supporting field device*, *data communication link (DCL)*, address and location.

NOTE 16: Confirm *field device* free of damage.

NOTE 17: Confirm *field device* free of foreign substance.

NOTE 18: Confirm *field device* mechanically supported independently of the wiring.

NOTE 19: Confirm *field device* protective dust shields or covers removed.

NOTE 20: "Correctly installed" refers to the version of CAN/ULC-S524, Standard for Installation of Fire Alarm Systems, applicable at the time of installation of the system or device being tested.

NOTE 21: *Smoke detectors* that employ sounder bases or activate local audible *signaling* device(s), used in lieu of smoke alarms, to be tested to confirm local sounder operation and annunciation at the control panel, including visible device operation, as applicable, and individually recorded.

NOTE 22: When batteries are replaced in the short-range radio frequency (wireless) devices, battery replacement date to be identified in the comments section.

23.2 Individual Device Record

Device Location	Annunciation Label or LCD Text Displayed (if applicable)	Device Type	Requires Service, Repairs, Cleaning or Missing	Circuit Number or Address	Annunciated FIRE ZONE	Correctly Installed	Additional Readings (Remarks)	Alarm / Operation Confirmed	Annunciation Indication Confirmed	Supervision of Wiring or Device Confirmed	Comments

NOTE: Device type can be expressed as an abbreviation per 23.1, Field Device Testing – Legend and Notes.

23.2 Individual Device Record

NOTE 1: Refer to Section 12 and 13.

NOTE 2: Refer to Annex A, A3.86 for an explanation regarding the National Building Code (NBC) Fire Alarm (FA) Zone.

Circuit Fault Tolerance Test Sheet

Building name: _____		Date (M/D/Y): _____			Page ____ of ____	
Circuit Fault Test Location	Type of Fault (Record response time or indicate N/A)			Isolation Results	Non-Faulted Circuit Location	
Identify Device Location where circuit fault was introduced and description of affected NBC Fire Alarm zone or area	Short	Open	Ground	Identify NBC Fire Alarm Zone or area Location where devices failed due to fault condition	Identify Individual Device tested for operation located in Non-Faulted NBC Fire Alarm zone or area	Pass or Fail

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23.3 Circuit Fault Tolerance Test Sheet

NOTE 1: Refer to Section 12 and 13.

NOTE 2: Refer to Annex A, A3.86 for an explanation regarding the National Building Code (NBC) Fire Alarm (FA) Zone.

Circuit Fault Tolerance Test Sheet

Building name: _____		Date (M/D/Y): _____			Page ____ of ____	
Circuit Fault Test Location	Type of Fault (Record response time or indicate N/A)			Isolation Results	Non-Faulted Circuit Location	
Identify Device Location where circuit fault was introduced and description of affected NBC Fire Alarm zone or area	Short	Open	Ground	Identify NBC Fire Alarm Zone or area Location where devices failed due to fault condition	Identify Individual Device tested for operation located in Non-Faulted NBC Fire Alarm zone or area	Pass or Fail

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24 MONTHLY FIRE ALARM SYSTEM TEST AND INSPECTION REPORT

Legend	
✓	= SATISFACTORY
X	= UNSATISFACTORY
NA	= NOT APPLICABLE
NT	= NOT TESTED

NOTE 1. National Fire Code of Canada requires that these records be retained for a minimum of two (2) years.

NOTE 2. Tests to be conducted while fire alarm system runs on emergency power.

NOTE 3. The monthly test is not required during the month that the annual test is completed.