

FIRE ALARM SYSTEM RECORD OF COMPLETION		
Name of protected property: <u>Aurora Medical Office</u>		
Address: <u>1411 South Potomac</u>		
Representative of protected property (name/phone): <u>Scott Stone (Fire Alarm Services)</u>		
Authority having jurisdiction: <u>Aurora</u>		
Address/telephone number: _____		
	Organization name/phone	Representative name/phone
Installer <u>Fire Alarm Services</u>		
Supplier _____		
Service organization <u>Fire Alarm Services</u>		
Location of record (as-built) drawings: <u>FAS Logbook (Electrical Room 1st Floor)</u>		
Location of operation and maintenance manuals: <u>"</u>		
Location of test reports: <u>"</u>		
A contract for test and inspection in accordance with NFPA standard(s) _____		
Contract No(s): _____ Effective date: _____ Expiration date: _____		
System Software		
(a) Operating system (executive) software revision level(s): _____		
(b) Site-specific software revision date: <u>11-2013</u>		
(c) Revision completed by: <u>Fire Alarm Services</u> (name) (firm)		
<b>1. Type(s) of System or Service</b>		
_____ NFPA 72, Chapter 6 — Local		
If alarm is transmitted to location(s) off premises, list where received: _____		
_____ NFPA 72, Chapter 8 — Remote Station		
Telephone numbers of the organization receiving alarm: _____		
Alarm: _____		
Supervisory: _____		
Trouble: _____		
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____		
Indicate how alarm is retransmitted: _____		
_____ NFPA 72, Chapter 8 — Proprietary		
Telephone numbers of the organization receiving alarm: _____		
Alarm: _____		
Supervisory: _____		
Trouble: _____		
If alarms are retransmitted to public fire service communications centers or others, indicate location and telephone numbers of the organization receiving alarm: _____		
Indicate how alarm is retransmitted: _____		
X _____ NFPA 72, Chapter 8 — Central Station		
Prime contractor: <u>CFP</u> <u>1-800-662-1711</u>		
Central station location: _____		

(NFPA 72, 1 of 4)

FIGURE 4.5.2.1 Record of Completion.

Means of transmission of signals from the protected premises to the central station:

☐ McCulloh ☐ Multiplex ☐ One-way radio  
☒ Digital alarm communicator ☐ Two-way radio ☐ Others

Means of transmission of alarms to the public fire service communications center:

(a) \_\_\_\_\_  
 (b) \_\_\_\_\_

System location: \_\_\_\_\_

☐ NFPA 72, Chapter 9 — Auxiliary

Indicate type of connection: ☐ Local energy ☐ Shunt ☐ Parallel telephone

Location of telephone number for receipt of signals: \_\_\_\_\_

## 2. Record of System Installation

(Fill out after installation is complete and wiring is checked for opens, shorts, ground faults, and improper branching, but prior to conducting operational acceptance tests.)

This system has been installed in accordance with the NFPA standards as shown below, was inspected by \_\_\_\_\_ on \_\_\_\_\_, includes the devices shown in 5 and 6, and has been in service since \_\_\_\_\_.

☒ NFPA 72, Chapters 1 2 3 ☒ 4 5 6 ☒ 7 8 9 ☒ 10 ☒ 11 (circle all that apply)

☒ NFPA 70, National Electrical Code, Article 760

☒ Manufacturer's instructions

☐ Other (specify): \_\_\_\_\_

Signed: [Signature] Date: 10-17-2013

Organization: Fire Alarm Services

## 3. Record of System Operation

Documentation in accordance with Inspection Testing Form, Figure 10.6.2.3, is attached \_\_\_\_\_.

All operational features and functions of this system were tested by \_\_\_\_\_ date \_\_\_\_\_

and found to be operating properly in accordance with the requirements of:

☒ NFPA 72, Chapters 1 2 3 ☒ 4 5 6 ☒ 7 8 9 ☒ 10 ☒ 11 (circle all that apply)

☒ NFPA 70, National Electrical Code, Article 760

☒ Manufacturer's instructions

☐ Other (specify): \_\_\_\_\_

Signed: [Signature] Date: 11-21-13

Organization: Fire Alarm Services

## 4. Signaling Line Circuits

Quantity and class of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity: 1 Style: \_\_\_\_\_ Class: \_\_\_\_\_

(NFPA 72, 2 of 4)

FIGURE 4.5.2.1 Continued

**5. Alarm-Initiating Devices and Circuits**

Quantity and class of initiating device circuits (see NFPA 72, Table 6.5):

Quantity: 7 Style: \_\_\_\_\_ Class: B**MANUAL**(a) Manual stations Noncoded X Transmitters \_\_\_\_\_ Coded \_\_\_\_\_ Addressable \_\_\_\_\_

(b) Combination manual fire alarm and guard's tour coded stations \_\_\_\_\_

**AUTOMATIC**Coverage: Complete \_\_\_\_\_ Partial X

Selective \_\_\_\_\_ Nonrequired \_\_\_\_\_

(a) Smoke detectors \_\_\_\_\_ Ion X Photo \_\_\_\_\_ Addressable \_\_\_\_\_(b) Duct detectors \_\_\_\_\_ Ion X Photo \_\_\_\_\_ Addressable \_\_\_\_\_(c) Heat detectors X FT \_\_\_\_\_ RR \_\_\_\_\_ FT/RR \_\_\_\_\_ RC \_\_\_\_\_ Addressable \_\_\_\_\_

(d) Sprinkler waterflow indicators: Transmitters \_\_\_\_\_ Noncoded \_\_\_\_\_ Coded \_\_\_\_\_ Addressable \_\_\_\_\_

(e) The alarm verification feature is disabled X or enabled \_\_\_\_\_, changed from \_\_\_\_\_ seconds to \_\_\_\_\_ seconds.

(f) Other (list): \_\_\_\_\_

**6. Supervisory Signal-Initiating Devices and Circuits (use blanks to indicate quantity of devices)****GUARD'S TOUR**

(a) \_\_\_\_\_ Coded stations

(b) \_\_\_\_\_ Noncoded stations

(c) \_\_\_\_\_ Compulsory guard's tour system comprised of \_\_\_\_\_ transmitter stations and intermediate stations

Note: Combination devices are recorded under 5(b), Manual, and 6(a), Guard's Tour.

**SPRINKLER SYSTEM**

Check if provided

(a) X Valve supervisory switches

(b) \_\_\_\_\_ Building temperature points

(c) \_\_\_\_\_ Site water temperature points

(d) \_\_\_\_\_ Site water supply level points

**Electric fire pump:**

(e) \_\_\_\_\_ Fire pump power

(f) \_\_\_\_\_ Fire pump running

(g) \_\_\_\_\_ Phase reversal

**Engine-driven fire pump:**

(h) \_\_\_\_\_ Selector in auto position

(i) \_\_\_\_\_ Engine or control panel trouble

(j) \_\_\_\_\_ Fire pump running

**ENGINE-DRIVEN GENERATOR:**

(a) \_\_\_\_\_ Selector in auto position

(b) \_\_\_\_\_ Control panel trouble

(c) \_\_\_\_\_ Transfer switches

(d) \_\_\_\_\_ Engine running

Other supervisory function(s) (specify): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(NFPA 72, 3 of 4)

FIGURE 4.5.2.1 Continued

7. Annunciator(s) NA  
 Number: \_\_\_\_\_ Type: \_\_\_\_\_ Location: \_\_\_\_\_

8. Alarm Notification Appliances and Circuits  
*NFPA 72, Chapter 6 — Emergency Voice/Alarm Service*  
 Quantity of voice/alarm channels: \_\_\_\_\_ Single: \_\_\_\_\_ Multiple: \_\_\_\_\_  
 Quantity of speakers installed: \_\_\_\_\_ Quantity of speaker zones: \_\_\_\_\_  
 Quantity of telephones or telephone jacks included in system: \_\_\_\_\_

Quantity and the class of notification appliance circuits connected to system (see *NFPA 72, Table 6.7*):  
 Quantity: \_\_\_\_\_ Style: \_\_\_\_\_ Class: B

Types and quantities of notification appliances installed:  
 (a) Bells \_\_\_\_\_ With Visible \_\_\_\_\_  
 (b) Speakers \_\_\_\_\_ With Visible \_\_\_\_\_  
 (c) Horns + With Visible +  
 (d) Chimes \_\_\_\_\_ With Visible \_\_\_\_\_  
 (e) Other: \_\_\_\_\_ With Visible \_\_\_\_\_  
 (f) Visible appliances without audible: +

9. System Power Supplies  
 (a) Fire Alarm Control Panel: Nominal voltage: 120V Current rating: 20A  
 Overcurrent protection: Type: Breaker Current rating: 20A  
 Location: Lower Level Electrical Room

(b) Secondary (standby):  
 Storage battery: \_\_\_\_\_ Amp-hour rating: 12  
 Calculated capacity to drive system, in hours: 24  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_

(c) Emergency system used as backup to primary power supply: Battery  
 Emergency system described in *NFPA 70, Article 700*: \_\_\_\_\_

10. Comments  
 Frequency of routine tests and inspections, if other than in accordance with the referenced *NFPA* standard(s): \_\_\_\_\_  
 System deviations from the referenced *NFPA* standard(s) are: \_\_\_\_\_

\_\_\_\_\_  
 (signed) for installation contractor/supplier (title) Supervisor (date) 11-22-13

\_\_\_\_\_  
 (signed) for alarm service company (title) (date)

\_\_\_\_\_  
 (signed) for central station (title) (date)

Upon completion of the system(s) satisfactory test(s) witnessed (if required by the authority having jurisdiction):

\_\_\_\_\_  
 (signed) representative of the authority having jurisdiction (title) (date)

(*NFPA 72*, 4 of 4)

FIGURE 4.5.2.1 Continued



Fire Alarm Services, Inc.  
4800 W. 60th Avenue  
Arvada, CO 80003

Phone (303) 466-8800  
Fax (303) 466-8820

## FIRE ALARM SYSTEM INSPECTION REPORT

### Cover Sheet

**Performed By:** FIRE ALARM SERVICES, INC.  
4800 W. 60TH AVENUE  
ARVADA, CO 80003  
PH: (303) 466-8800

**Start Date:** October 17, 2013

**Inspector:** S STENE

**Performed For:** 1411 SOUTH POTOMAC STREET  
AURORA, CO 80012

**Customer:** PETE STIFTER

**Phone:** 720-641-7581

#### Control Panel

Manufacturer	EST
Type	QUICKSTART
Location	MAIN ENTRY

#### System Monitoring

Company	CFP
Phone #	1-800-662-1711
Account	A21-0963
Passcard #	CBRE

#### System Power Supplies

Primary Voltage	120VAC	Battery Type	12 VOLTS DC	NOTE#
Overcurrent Protection	20AMP	Ampere Hour	8AH	N/A <input type="checkbox"/>
Panel Number	EM	Install Date	Oct-13	Load Test
Circuit Number	17	Battery Voltage	NEW	Left NEW
Location	LOWER LVL ELECTRICAL	Charge Voltage	NEW	Right NEW

#### Operational Test Results

Alarm Received Within 90 sec. To Mon. Company	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	NOTE#
Trouble Signals Received At Monitoring Company	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	NOTE#
Panel Response To Zone Trouble	NORMAL <input checked="" type="checkbox"/>		NOTE#
Panel Response To Signal Trouble	NORMAL <input checked="" type="checkbox"/>		NOTE#
Panel Response To Battery Fail	NORMAL <input checked="" type="checkbox"/>		NOTE#
Panel Response To AC Power Fail	NORMAL <input checked="" type="checkbox"/>		NOTE#
Panel Response To Ground Fault	NORMAL <input checked="" type="checkbox"/>		NOTE#

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

**Customer Signature:**

**Date:**

**Inspector's Signature:**

*Scott Stene*

**Date:**

October 17, 2013

# FIRE ALARM SYSTEM INSPECTION REPORT

Transponders / Nodes / Booster Panels					
Manufacturer	EST				
Type	UNKNOWN				
Location	LOWER LEVEL ELECTRICAL				
Control Input by:	Address/Zone _____	Supervised	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	NOTE# _____	
Primary Voltage	120VAC	Battery Type	12 VOLTS DC	NOTE# _____	
Overcurrent Protection	20AMP	Ampere Hour	7AH		
Panel Number	EM	Install Date	Oct-13	Load Test	
Circuit Number	1	Battery Voltage	NEW	Left	NEW
Location	LOWER LEVEL	Charge Voltage	NEW	Right	NEW

Transponders / Nodes / Booster Panels					
Manufacturer	N/A				
Type	N/A				
Location	N/A				
Control Input by:	Address/Zone _____	Supervised	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE# _____	
Primary Voltage		Battery Type		NOTE# _____	
Overcurrent Protection		Ampere Hour			
Panel Number		Install Date		Load Test	
Circuit Number		Battery Voltage		Left	
Location		Charge Voltage		Right	

Transponders / Nodes / Booster Panels					
Manufacturer	N/A				
Type	N/A				
Location	N/A				
Control Input by:	Address/Zone _____	Supervised	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE# _____	
Primary Voltage		Battery Type		NOTE# _____	
Overcurrent Protection		Ampere Hour			
Panel Number		Install Date		Load Test	
Circuit Number		Battery Voltage		Left	
Location		Charge Voltage		Right	

Transponders / Nodes / Booster Panels					
Manufacturer	N/A				
Type	N/A				
Location	N/A				
Control Input by:	Address/Zone _____	Supervised	Yes <input type="checkbox"/> No <input type="checkbox"/>	NOTE# _____	
Primary Voltage		Battery Type		NOTE# _____	
Overcurrent Protection		Ampere Hour			
Panel Number		Install Date		Load Test	
Circuit Number		Battery Voltage		Left	
Location		Charge Voltage		Right	



# FIRE ALARM SYSTEM INSPECTION REPORT

## System Information

**Authority Having Jurisdiction:**

AURORA FIRE DEPT.

**Phone:**

303-739-7110

### Inspection Frequency:

Monthly	<input type="checkbox"/>
Quarterly	<input type="checkbox"/>
Semi-Annual	<input type="checkbox"/>
Annual 100 %	<input checked="" type="checkbox"/>

**Door Holders** Normal ☒ N/A ☐

Model	UNKNOWN
Type	UNKNOWN
Voltage	24 VOLTS
Doors Release	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Note #	

### Annunciation

 Normal ☐ N/A ☒

Manufacturer		Model	
Type		Location	
Note #			

### Egress Door Operation

 Normal ☒ N/A ☐

Doors Unlock On General Alarm	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Doors Unlock With Floor Alarm	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Doors Relock After Alarm Reset	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Doors Relock After Alarm Reset	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Note #		Note #	

### Fan Control Operation

 Normal ☐ N/A ☒

Supply Fan Shut Down		Return Fan Shut Down	
Method Of Shut Down		Method Of Shut Down	
Stairwell Fan Pressurization			

### Sprinkler Protection System Operation

Wet Sprinkler System	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Dry Sprinkler System	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Coverage Area	ENTIRE BUILDING	Coverage Area	N/A
Location Of Main Sprinkler Control Room			BASEMENT

### Fire Pump

Manufacturer	N/A	Model	N/A	Horse Power	N/A
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### Monitoring Company Signals Verification

Signal Transmitted	Alarm	Trouble	Supervisory
Operator Contacted	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Name / #	OPERATOR	Note #	Note #

### Fire Alarm Panel Testing Instructions

- 1.) CALL CFP AT 1-800-662-1711, P.W. CBRE, TO TAKE SYSTEM OFF-LINE.
- 2.) SEE OPERATING INSTRUCTIONS FOR STEP BY STEP PROCEDURES.
- 3.) WHEN WORK IS COMPLETE, RETURN SYSTEM TO NORMAL AND PLACE BACK ON-LINE.
- 4.)
- 5.)

# FIRE ALARM SYSTEM INSPECTION REPORT

<b>Elevator Recall Operation For Bank / Car # - 1</b>			
Primary Elev. Recall	Normal <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Recall to Floor	1ST FLOOR	Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:		PANEL RESET & ELEVATOR KEY	

<b>Elevator Recall Operation For Bank / Car # - 2</b>			
Primary Elev. Recall	Normal <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
Recall to Floor	1ST FLOOR	Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			

<b>Elevator Recall Operation For Bank / Car # -</b>			
Primary Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>	Alternate Elev. Recall	Normal <input type="checkbox"/> N/A <input type="checkbox"/>
Recall to Floor		Recall to Floor	
Reset Elevators To Automatic Operation Following Alarms By:			



## FIRE ALARM SYSTEM INSPECTION REPORT

### Notes and Recommendations

NOTE #	COMMENTS
#1	SYSTEM TESTED 100%, ALL OKAY!
#2	
#3	
#4	
#5	
#6	
#7	
#8	
#9	
#10	
#11	

# FIRE ALARM SYSTEM INSPECTION REPORT

## Peripheral Device Testing Results

Device Type Legend		
PS = PULL STATION	H = HORN	FS = FLOW SWITCH
SD = SMOKE DETECTOR	V = STROBE	TS = TAMPER SWITCH
DD = DUCT DETECTOR	H/S = HORN/STROBE	IT = INSPECTOR'S TEST VALVE
HD = HEAT DETECTOR	S = SPEAKER	DH = DOOR HOLDER
	SP/S = SPEAKER/STROBE	PJ = PHONE JACK
		FP = FIREMAN'S PHONE
X = PASSED TEST / D = FAILED TEST / V = VISUAL		

[illegible]