



Town of Islip Fire Marshal's Office

# Fire Alarm System Record of Completion

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Last Updated: 3/31/21  
Form: FMO-FASRC  
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Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Business: \_\_\_\_\_

Address of Premises: \_\_\_\_\_  
\_\_\_\_\_

Name of Local Fire Department: \_\_\_\_\_

Company Performing Installation: \_\_\_\_\_

Technician's Name: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Location of Drawings: \_\_\_\_\_

Location of Operation and Maintenance manuals: \_\_\_\_\_

Contract for Test & Inspections:

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Contract #: \_\_\_\_\_

## **Type of System**

**Central Station (NFPA 72, Chapter 8)**

Company: \_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Central Station Location: \_\_\_\_\_

Means of transmission of signal from protected premises to central station (list all that apply):

\_\_\_\_\_  
\_\_\_\_\_

Means of transmission of alarm from central station to public fire service communications center:

\_\_\_\_\_  
\_\_\_\_\_

Indicate who central station notifies upon receipt of alarm (*Local Fire Department or County Communications*):

\_\_\_\_\_  
\_\_\_\_\_ Telephone: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Other**

Specify: \_\_\_\_\_

Telephone Number of organization receiving notification of alarms:

Alarm: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Supervisory: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_ Trouble: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Is Alarm re-transmitted to public fire service: \_\_\_\_\_. If yes, method of re-transmittal: \_\_\_\_\_

## **Record of System Installation and Operation**

*(This is to be filled out after installation is complete and checked, but before the operational acceptance test is conducted)*

This system has been installed in accordance with all the applicable NFPA standards and manufacturer's instructions, was inspected by \_\_\_\_\_ on \_\_\_\_\_, and includes the devices listed later on this form, and has been or will be in service on \_\_\_\_\_.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Organization: \_\_\_\_\_

**Alarm Initiating Devices (Quantity of Devices)**

**Manual Stations:** Addressable: \_\_\_\_\_ Other: \_\_\_\_\_

**Automatic Devices:**

Smoke Detectors: Ion: \_\_\_\_\_ Photo: \_\_\_\_\_ Addressable: \_\_\_\_\_

Heat Detectors: Fixed: \_\_\_\_\_ Rate of Rise: \_\_\_\_\_ Addressable: \_\_\_\_\_

Sprinkler Water Flow Indicators: Addressable: \_\_\_\_\_ Other: \_\_\_\_\_

Other (specify): \_\_\_\_\_

**Supervisory Signal Initiating Devices**

(Checked if provided)

**Duct Detectors:**

Ion Qty: \_\_\_\_\_

Photo Qty: \_\_\_\_\_

Addressable Qty: \_\_\_\_\_

**Sprinkler System:**

Valve Tamper Switches Qty: \_\_\_\_\_

Sprinkler control room heating equipment

Other: \_\_\_\_\_

**Electric Fire Pump:**

Fire Pump Power

Fire Pump Running

Phase Reversal

**Engine Driven Fire Pump:**

Selector in Auto position

Engine or control panel trouble

Fire Pump Running

**Other Supervisory Functions (specify):**

\_\_\_\_\_  
\_\_\_\_\_

**Alarm Notification Appliances**

**Emergency Voice/Alarm Service:**

Qty. of voice/alarm channels: \_\_\_\_\_ Single: \_\_\_\_\_ Multiple: \_\_\_\_\_

Qty. of speakers Installed: \_\_\_\_\_ Qty. of speaker zones: \_\_\_\_\_

Qty. of telephones or telephone jacks included in system: \_\_\_\_\_

**Types and Quantities of Notification Devices Installed:**

Bells \_\_\_\_\_ with Visible \_\_\_\_\_

Speakers \_\_\_\_\_ with Visible \_\_\_\_\_

Horns \_\_\_\_\_ with Visible \_\_\_\_\_

Other \_\_\_\_\_ with Visible \_\_\_\_\_

Visible appliances without audible \_\_\_\_\_

Total number of alarm notification appliances: \_\_\_\_\_

**Annunciators**

Main Control Panel Location: \_\_\_\_\_

Remote Annunciator Location: \_\_\_\_\_

**System Power Supplies**

**Fire Alarm Control Panel:**

Nominal voltage: \_\_\_\_\_ Current rating: \_\_\_\_\_

**Overcurrent Protection:**

Type: \_\_\_\_\_ Current rating: \_\_\_\_\_

Location: \_\_\_\_\_

**Secondary (Standby):**

Number of Batteries: \_\_\_\_\_ Amp-hour rating: \_\_\_\_\_

Calculated capacity to drive system, in hours: \_\_\_\_\_

Engine driven generator dedicated to fire alarm system: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_

**Comments**

System deviations from the referenced NFPA standards:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) for installation contractor/supplier Title Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) for alarm service company Title Date  
*(If different from above)*

Upon completion of the system satisfactory test witnessed:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Fire Marshal Badge # Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Signed) Fire Marshal Badge # Date