**This Prefunctional Checklist should be completed as part of startup and initial checkout of the equipment in preparation for Functional Performance testing.**

|  |  |
| --- | --- |
| PC: | **28 31 76** |
| **ITEM:** | Fire Alarm/Mass Notification System |
| **ID:** | *(Use one form for each Equipment)* |
| **AREA SERVED:** | *(Building and Room Number / Name)* |

Form Filled Out By:

|  |  |  |
| --- | --- | --- |
|  | Name & Company | Date |
| GC |  |  |
| MC |  |  |
| EC |  |  |
| FA |  |  |
| OR |  |  |
| A/E |  |  |
| CA |  |  |

GC = General Contractor; MC = Mechanical Contractor; EC = Electrical Contractor; FA =Fire Alarm Contractor; CC = Controls Contractor; OR = Owner Representative; A/E = Architect/Engineer; CA = Commissioning Agent

XX = No Initials Required

# DOCUMENTATION VERIFICATION

Check if OK. Enter note number if deficient.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Item** | **GC** | **MC** | **EC** | **BC** | **CC** | **OR** | **A/E** | **CA** |
| Product information submitted |  |  |  |  |  |  |  |  |
| Shop drawings submitted |  |  |  |  |  |  |  |  |
| Manufacturer’s installation instructions submitted |  |  |  |  |  |  |  |  |
| O & M Manuals submitted |  |  |  |  |  |  |  |  |

# MODEL VERIFICATION

Panel Schedule (Add as required)

|  |  |  |  |
| --- | --- | --- | --- |
| Panel Information | | | |
| Panel Tag |  | Panel Location |  |
| System |  | Service Area |  |
| Manufacturer |  | Model Number |  |
| Serial Number |  | Capacity |  |
| Volts/Phase Rating |  | Starter Mod |  |
| Other |  | Other |  |
| Comments: | | | |

# INSTALLATION VERIFICATION

**This checklist does not take the place of the manufacturer’s recommended checkout and startup procedures or report.**

Check if OK. Enter Outstanding Item Note number if deficient.

| **No** | **Checks** | **GC** | **MC** | **EC** | **FA** | **OR** | **A/E** | **CA** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 | Verify panel/ cabinet mounting, location and clearances are per plans and specifications |  |  |  |  |  |  |  |
| 2 | Inspect for physical condition of components and cabinet - no damage evident |  |  |  |  |  |  |  |
| 3 | Inspect panels and doors for proper fit and clearances |  |  |  |  |  |  |  |
| 4 | Components, wiring, and panel are properly labeled. |  |  |  |  |  |  |  |
| 5 | Wiring and terminations are correct and secure |  |  |  |  |  |  |  |
| 6 | Wiring type and size are correct |  |  |  |  |  |  |  |
| 7 | Arrestor is grounded to building ground |  |  |  |  |  |  |  |
| 8 | All circuit boards are securely mounted |  |  |  |  |  |  |  |
|  | **Batteries** |  |  |  |  |  |  |  |
| 9 | No corrosion or leakage present |  |  |  |  |  |  |  |
| 10 | Verify tightness of all connections |  |  |  |  |  |  |  |
| 11 | Verify electrolyte level is correct (where applicable) |  |  |  |  |  |  |  |
| 12 | Terminations torqued per manufacturer’s recommendations |  |  |  |  |  |  |  |
|  | **Manual fire alarm stations** |  |  |  |  |  |  |  |
| 13 | Manual pull stations are located at locations shown on construction documents |  |  |  |  |  |  |  |
| 14 | Manual pull stations are easily assessable |  |  |  |  |  |  |  |
|  | **Fire Alarm Components** |  |  |  |  |  |  |  |
| 15 | Fire detector devices are installed as shown on the construction documents at proper heights |  |  |  |  |  |  |  |
| 16 | Smoke detectors are installed at locations indicated on construction documents |  |  |  |  |  |  |  |
| 17 | Heat detectors are used in areas such as the top of elevator shafts and machine room and environments not appropriate for smoke detectors |  |  |  |  |  |  |  |
| 18 | Speaker are installed at locations indicated on construction documents at proper heights |  |  |  |  |  |  |  |
| 19 | Strobe are installed at locations indicated on construction documents at proper heights |  |  |  |  |  |  |  |
| 20 | Wiring and components are properly labeled and identified |  |  |  |  |  |  |  |
| 21 | Verify components are properly addressed |  |  |  |  |  |  |  |
| 22 | Transmitter antenna is mounted at the proper height at the top of parapet or roof |  |  |  |  |  |  |  |
| 23 | Transmitter antenna is not obstructed |  |  |  |  |  |  |  |
| 24 | Water Flow switches are separately addressed for each flow switch |  |  |  |  |  |  |  |
| 25 | Water flow switches are connected to receive alarm signal from fire alarm/ mass notification system |  |  |  |  |  |  |  |
| 26 | Confirm shut-down relays for HVAC units are installed and connected per NFPA72 |  |  |  |  |  |  |  |
| 27 | Commissary mass notification system is integrated into Installation-Wide system |  |  |  |  |  |  |  |
| 28 | Confirm message priority hierarchy is correct |  |  |  |  |  |  |  |
| 29 | Contractor has tested completed Fire Alarm/Mass Notification system in the presence of, and to the satisfaction to, the Host Military Installation Fire Marshall or other AHJ. |  |  |  |  |  |  |  |
| 30 | Training of system operation for commissary and fire department personnel by installing contractor has been completed. |  |  |  |  |  |  |  |

# OUTSTANDING ITEMS

Note outstanding items in table below. Use numbers referenced above.

|  |  |  |
| --- | --- | --- |
| Resolved (Initial / Date) | **Note** | Description |
|  | **1.** |  |
|  | **2.** |  |
|  | **3.** |  |
|  | **4.** |  |
|  | **5.** |  |
|  | **6.** |  |
|  | **7.** |  |
|  | **8.** |  |
|  | **9.** |  |
|  | **10.** |  |

# FIELD NOTES

Fill in as appropriate.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

# SIGN OFF

System / Equipment has been installed in accordance with the Contract Documents and is ready for Functional Testing.

|  |  |  |
| --- | --- | --- |
|  | **Signature** | **Date** |
| **Contractor’s Representative** |  |  |
| **A /E Representative** |  |  |
| **Commissioning Agent** |  |  |
| **Owner’s Representative** |  |  |

##### END OF CHECKLIST