Inspection, Testing and Maintenance of Building Fire Protection Systems

Service Company	Date of Service:	Time:
	Owner:	Phone:
		Fax:
	Contact Person:	Phone: Fax:

Building Name:	Address:	City:	Postal code.

This master form shall be completed by the technician to indicate what fire protection systems are provided the building. This form shall accompany the completed "Inspection, Test and Maintenance forms which are to be kept on file as required by the Fire Code. This form is intended to provide the owner or fire inspector with an overview of what fire protection systems exist in the building and which systems were inspected and tested by the technician.

Building Fire Protection Systems		yes	no	FP #	Init	Comments
F13 Fire Alarm System	**completed**					
F14 Fire Extinguishers	**completed**					
F11 Unit Emergency Lighting	**completed**					
F1 Sprinkler Systems	**completed**					
F2 Standpipe Systems	**completed**					
F7 Fire Pump	**completed**					
F12 Emergency Power (Gen Sets)	**completed**					
F Smoke Control System	**completed**					
List Others as needed:						

Note: If fire protection equipment/systems exist within the building and have not been tested in conformance with the Fire Code, have you advised the owner or the owner's agent that this work is required. ☐ **Yes** ☐ **No**

Technicians Stamp	**A copy of this Report is forwarded to the owner or owners representative for this building.** **Name:**_____ **Phone:**_____