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 (Generator 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

A copy of this Report is forwarded to_____ who is the owner or owners representative for this building.