



**CONTRACTOR'S MATERIAL AND TEST CERTIFICATE
FIRE ALARM AND FIRE DETECTION SYSTEMS**

Type of Work: <input type="checkbox"/> New Installation <input type="checkbox"/> Test/Inspection <input type="checkbox"/> Repair	Date:
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Premise Information

Name of facility:		
Physical Address:		
Mailing Address:		
Contact Person:	Title:	Phone:

Contractor Information

Company Name:	WA Cont. Lic. No.:
Address:	Phone Number:
Tech. Name:	Tech. Elec. Lic. No.
UL Listed Company <input type="checkbox"/> Yes <input type="checkbox"/> No	Listing No.:

Monitoring Company Information

Agency Name:	Phone:
Address:	
Account Number:	
Central Station Listing No.:	Listing Agency:

For New Installations

WA Electrical Permit No.:	
Designers Name:	
Reg. Elec. Eng. <input type="checkbox"/> Yes <input type="checkbox"/> No Reg. No:	NICET Certified: <input type="checkbox"/> Yes <input type="checkbox"/> No Cert. No.
System Complies With WAC 212-14-015	<input type="checkbox"/> Yes <input type="checkbox"/> No
Type: <input type="checkbox"/> Non-coded <input type="checkbox"/> Common coded <input type="checkbox"/> Selective coded <input type="checkbox"/> Dual code	
System Type: <input type="checkbox"/> Remote Station <input type="checkbox"/> Proprietary <input type="checkbox"/> Central Station <input type="checkbox"/> Other :(describe)	
Normal Power Source, from Panel No.:	Breaker No.:
Emergency Power Source:	
<input type="checkbox"/> Emergency Generator	Fuel Source: <input type="checkbox"/> Natural Gas <input type="checkbox"/> LPG <input type="checkbox"/> Gasoline <input type="checkbox"/> Diesel
<input type="checkbox"/> Batteries	Type: <input type="checkbox"/> Dry cell <input type="checkbox"/> Wet cell / charger <input type="checkbox"/> Gel cell / charger

Wiring System:

Wiring in raceway Yes No

Fire listed cable Yes No

Plenum rated cable Yes No

Riser rated cable Yes No

Conductor Size: _____ Temp. Rating _____ Manufacturer _____

For All Installations

Equip. Type	# Units Installed	# Units Tested	Satisfactory Check			Model and Manufacturer
			Yes	No	NA	
Control Panel			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manual Station			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Heat Detectors			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Duct Detectors			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Audible Alarm Devices			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Visual Alarm Devices			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Code Transmitter			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auto. Door Releases			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Indicators			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Master Alarm Box			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Batteries			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Charger			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generator			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation Control			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Dept. Interconn.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central Station Inter.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ext. Sprklr Elec. Alarm			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprklr Wtr Flow Sw.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sprklr Gate Vlv Super			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annunciators			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Automatic time delay of general alarm __ _____ minutes. <input type="checkbox"/> None Installed						
Test of alarm system on emergency power, satisfactory: <input type="checkbox"/> Yes <input type="checkbox"/> No						
Test received at monitoring agency: <input type="checkbox"/> Yes <input type="checkbox"/> No						

Master panel box reset time _ ____:____ ____ <input type="checkbox"/> am <input type="checkbox"/> pm
Key to panel available: <input type="checkbox"/> Yes <input type="checkbox"/> No
Operating instructions at panel: <input type="checkbox"/> Yes <input type="checkbox"/> No
Test record posted at panel: <input type="checkbox"/> Yes <input type="checkbox"/> No
As-built plans, operations and maintenance manual available at site: <input type="checkbox"/> Yes <input type="checkbox"/> No

Problems Found

Corrections Made/Date

Contractor's Certification

I certify under penalty of law that the fire alarm system referenced herein has been properly installed / tested / inspected for compliance with the laws of the State of Washington and the City of Gig Harbor, and consistent with the requirements of NFPA 72, *National Fire Alarm Code* and International Fire Code.

Contractors Representative (signed) _____ Date
 Printed Name

Owner's Acknowledgement

As the owner's representative I acknowledge that I have received a copy of the fire alarm test and inspection report, and understand that the system referenced herein is required to be maintained in proper operating condition at all times.

Owner's Representative (signed) _____ Date
 Printed Name

Instructions

Upon completion of work, all inspections and tests required by NFPA 72 and the City of Gig Harbor shall be made by the contractor's representative and witnessed by an owner's representative, and this Contractors Material and Test Certificate shall be completed and signed by both representatives. One copy of the completed test certificate shall be provided to the owner and one copy shall be provided by the contractor to the fire marshal at the time of final test and inspection. For periodic tests and inspections of existing systems, one copy of this certificate shall be provided to the owner and one copy shall be submitted electronically to Gig Harbor Fire & Medic One at inspections@gigharborfire.org