



City of Santa Fe Springs Fire Department
Fire Life Safety System Record of Completion
11300 Greenstone Avenue, Santa Fe Springs Ca., 90670-4619
Phone (562) 944-9713 FAX (562) 941-1817

Project Name		Date	
Project Address		Installer Phone	
Installer Name		Signature	

Before calling for the final inspection:

- 1) Electrical inspections shall be performed before scheduling the fire and life safety system final.
- 2) All system components shall be tested before fire department inspection. FAX these completed forms to SFSFD 24 hours before the scheduled appointment.
- 3) Permit fees provide for a limited number of inspections. A reinspection fee may be assessed for each inspection when the work for which the inspection was requested is not complete, when plans or records are not available, or when access is not available.

Complete the Following

Fire alarm wiring complete & inspected on:

Total Number of Devices Tested:

The following items have been checked, verified and initiated by the installer responsible for the installations:

- | | | | | | |
|--|------------------------------|-----------------------------|------------------------------|----------|-------|
| Each device tested for every condition | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Initiating devices | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Notification appliances | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Audibility 15db above ambient | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Strobe locations | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Control panel status | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Device annunciation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Operational sequence verified | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Elevator recall | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Fire dampers | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Fire doors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Special extinguishing systems | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| HVAC shutdown: | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |
| Penetration adequately sealed | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> DNA | Initial: | Date: |

If the alarm is transmitted off premises, list the vendor name, phone number and account number: