

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)		Building Life Safety Systems Testing		
		Date of Service:	Last Service Date:	Work Order Number:
Building Name:		Contact Person:		Phone:
				Fax:
Address:		Owner/Strata Number:		Phone:
				Fax:
City:	Postal Code:	Monitoring/Central Station:		Phone:
				Fax:

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 a qualified technician. The applicable reports indicated below are attached hereto and comprise _____ pages. The attached reports comply with Canadian Inspection Standards upon which they are based.

There is fire protection equipment located at the above referenced address that has not been tested in accordance with the Provincial Fire Code. YES NO

Estimated Time To Test Building: _____ Man Hours
Actual Time to Test Building: _____ Man Hours

Building Life Safety & Emergency Systems	✓	Tested By FP #	Initial	Comments
Fire Alarm System Test Report	<input type="checkbox"/>			
Smoke Control System Test Report	<input type="checkbox"/>			
Unit Emergency Lighting Test Report	<input type="checkbox"/>			
Sprinkler Systems Test Report	<input type="checkbox"/>			
Standpipe Systems Test Report	<input type="checkbox"/>			
Fire Pump Test Report	<input type="checkbox"/>			
Backflow Prevention Device Test Report	<input type="checkbox"/>			
Emergency Generator Set Test Report	<input type="checkbox"/>			
Fixed Extinguishment System Test Report	<input type="checkbox"/>			
Fire Extinguishers Test Report	<input type="checkbox"/>			

The information on this form (and in the documents attached here-to) attests to the fact that the equipment listed here-in was tested/inspected in conformance with applicable Codes, bylaws, Standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". This document has been provided to the building owner's representative who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

Company Name		
Service Manager	Date	Owner or Authorized Agent