

**CAN/ULC-S536:2019
ANNUAL FIRE ALARM SYSTEM TEST AND INSPECTION RECORD**

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	20.1 Fire Alarm System Annual Test and Inspection Report		
	Date of Service:	Last Service Date:	Work Order Number:
	Annual Inspection <input type="checkbox"/>	Special Inspection/Audit <input type="checkbox"/>	Monitored? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Single Stage <input type="checkbox"/>	Two Stage <input type="checkbox"/>	Number of Active Zones:
	Addressable <input type="checkbox"/>	Conventional <input type="checkbox"/>	Initiating:
			Notification:
		Voice Paging:	
Manufacturer:	Model Number:	ULC Serial Number:	

Building Name:	Contact Person:	Phone:
		Fax:
Address:	Owner/Property Manager/Strata Number:	Phone:
		Fax:
City:	Postal Code:	Fire Signal Receiving Centre (Section 22.11):
		Phone:
		Fax:

Yes	No	Summary
<input type="checkbox"/>	<input type="checkbox"/>	The entire fire alarm system has been inspected and tested in accordance with CAN/ULC-S536:2019.
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system is fully functional.
<input type="checkbox"/>	<input type="checkbox"/>	During the Annual Inspection and Test, deficiencies have been identified (see page 2 if "yes").
<input type="checkbox"/>	<input type="checkbox"/>	All identified deficiencies have been corrected as of this date: _____
<input type="checkbox"/>	<input type="checkbox"/>	During the Annual Inspection and test, Recommendations have been identified (see page 3 if "yes").
<input type="checkbox"/>	<input type="checkbox"/>	A copy of this report will be given to: _____ (the owner or owner's representative for the building), and shall be maintained on the premises for examination by the Fire Marshal or Inspector at their request pursuant to the National Fire Code of Canada (as adopted in the jurisdiction applicable to the system's installation).

Certification

The information in this report, which comprises _____ pages, attests to the fact that the equipment listed here-in was tested and inspected in conformance with CAN/ULC-S536:2019 (Standard for Inspection and Testing of Fire Alarm Systems), applicable codes, bylaws, Standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted above. This document has been provided to the building owner (or their authorized representative).

Company:			
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Supervising / Primary Technician Name	Certification Number / Seal	Date	Signature
Company:			

Technician Conducting Test and Inspection	Certification Number / Seal	Date	Signature
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CAN/ULC-S536:2019 – FIRE ALARM SYSTEM INSPECTION AND TEST RECORD

Building Name:	Date:
Address:	City:

20.2 DEFICIENCIES

The inspection and Testing of any corrections/repairs of deficiencies noted on this form has been completed by qualified personnel identified in the column marked "Technician Name & Certificate No."

To be completed by the primary individual who conducted the test and inspection.					To be completed by the primary individual responsible for the repair.			
Item #	Device Type	Device Location	Deficiency	CAN/ULC-S536 Clause Reference	Date Corrected (MM/DD/YY)	Work Order or Reference #	Name of Service Provider Responsible for the Repair	Technician Name & Certificate No.
Item #	Control Function or Feature	Deficiency	CAN/ULC-S536 Clause Reference	Date Corrected (MM/DD/YY)	Work Order or Reference #	Name of Service Provider Responsible for the Repair	Technician Name & Certificate No.	

BUILDING OWNER'S / REPRESENTATIVE'S COMPLIANCE STATEMENT

I understand that all deficiencies noted in the table above have been corrected.

Printed Name: <input style="width:90%;" type="text"/>	Signature: <input style="width:90%;" type="text"/>	Date: <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> / <input style="width:20px;" type="text"/> MM DD YY
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Building Name:	Date:
Address:	City:

20.3 Recommendations

20.4 Technician Attendance Log

Date (MM/DD/YY)	Person(s) Attending	Time In	Time Out	Notes (For the Day)	Primary Technician Printed Name	Primary Technician Certification No.

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Building Name:	Date:
Address:	City:

21 Documentation (Note: Reference Section 7 Documentation)				
21.1 Documentation for the fire alarm system is available or accessible on site and includes the following description of the fire alarm system:				
		Yes	No	N/A
A	Instructions for resetting the system and silencing alarm signals.	<input type="checkbox"/>	<input type="checkbox"/>	
B	Instructions for silencing the trouble signal and action to be taken when the trouble signal sounds.	<input type="checkbox"/>	<input type="checkbox"/>	
C	Description of the function of each operating control and indicator on the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	
D	Description of the area or fire zone protected by each alarm detection circuit (this may be in the form of a list or plan drawing).	<input type="checkbox"/>	<input type="checkbox"/>	
E	Description of alarm signal operation.	<input type="checkbox"/>	<input type="checkbox"/>	
F	Description of ancillary equipment controlled by the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	
G	In systems that provide logical control of a smoke control system, documentation is on site and includes a sequence of operation of the smoke control system. Smoke control installed in accordance with Measure: 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Building diagrams are on site that clearly indicate the type and location of all smoke control equipment (fans, dampers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Description of fire alarm system:			
	i) Sequence of Operation (See Annex D.)	<input type="checkbox"/>	<input type="checkbox"/>	
	ii) Operating instructions (See Annex D.)	<input type="checkbox"/>	<input type="checkbox"/>	
	iii) Description of each type of field device.	<input type="checkbox"/>	<input type="checkbox"/>	
	iv. Details of input to programmed output functions for programmed systems.	<input type="checkbox"/>	<input type="checkbox"/>	
	v) Connection to fire signal receiving centre, if required by applicable codes and regulations.	<input type="checkbox"/>	<input type="checkbox"/>	
	vi) Previous verification report(s) and all documentation related to any modification showing approval of such modifications by the AHJ, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Indicate location(s) and media type(s) of documentation on site:			<input type="checkbox"/>
ANNEX TABLE OF CONTENTS				

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Building Name:	Date:
Address:	City:

“Yes” - Tested correctly “No” - Did not test correctly (For NO answers refer to Section 20.2 Deficiencies)

“NA” = Not applicable (the feature is not available or has not been programmed)

20.1 Control Unit or Transponder Inspection (Reference Clause 8.2)

Complete section for each control unit or transponder.

Control Unit/Transponder Field Location: _____				
Control Unit/Transponder Identification: _____				
		Yes	No	N/A
A	Input circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Output circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Correct designations for common control functions and indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Plug-in components and modules securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Plug-in cables securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Record the date, revision and version of firmware: Date: _____ Revision: _____ Version: _____ Record the date, revision and version of the program software: Date: _____ Revision: _____ Version: _____			
G	Control unit/transponder is clean and free of dust and dirt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Fuses in accordance with the manufacturer’s specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Control unit/transponder lock is functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Termination points for wiring to field devices secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22.1 Control Unit or Transponder Record (Reference Clause 8.3)

Control Unit/Transponder Field Location: _____				
Control Unit/Transponder Identification: _____				
		Yes	No	N/A
A	Power ‘on’ visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Time and date indication corresponds with local time and date.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Main Power supply failure trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Ground fault tested on positive and negative initiates trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alert signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Alarm signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Automatic transfer from alert signal to alarm signal operates. Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Manual transfer from alert signal to alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Automatic transfer from alert to alarm signal cancel (acknowledge) operates on a two stage system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Alarm signal silence inhibit function operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Alarm signal manual silence operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Alarm signal silence visual indication operates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Alarm signal when silenced, automatically reinitiate only upon subsequent alarm from another NBC required fire alarm zone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	Duration of alarm signal prior to automatic silence. Time: _____			<input type="checkbox"/>
R	Audible, visual, alert, and alarm signals programmed and operate per design and specification; or documentation as provided in Section 21.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S	Input circuit alarm and supervisory operation including audible and visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
T	Input circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
U	Output circuit alarm indicators operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
V	Output circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
W	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X	Coded signal sequence operates not less than the required number of times and the correct alarm signal thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Y	Coded signal sequences are not interrupted by subsequent alarms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Z	Ancillary device by-pass results in trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AA	Input circuit to output circuit operation including ancillary device for correct program operation as per design and specification, or documentation as detailed in Annex D, Description of Fire Alarm System for Inspection and Test Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BB	System Reset operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CC	Main power to emergency power supply transfer operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DD	Smoke detector alarm verification (status change confirmation) verified. [Refer to 14.4.3, Smoke Detector Alarm Verification (Status Change Confirmation)].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Name:		Date:	
Address:		City:	

There are no Voice Communication capabilities on this system. (This Section is Not Applicable)

22.3 Voice Communication Test (Reference Subsection 8.5)

Location: Identification:		Yes	No	N/A
A	Power 'on' visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	All-call voice paging, including visual indicator, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Output circuits for selective voice paging, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Output circuits for selective voice paging trouble operation, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Microphone, including press to talk switch, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Operation of voice paging does not interfere with initial inhibit time of alert signal and alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	All-call voice paging operates (on emergency power supply).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Where the system uses back-up amplifiers, the automatic transfer feature operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Circuits for emergency telephone call-in operation, including audible and visual indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Circuits for emergency telephones for operation, including two-way voice communication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N	Circuits for emergency telephone trouble operation, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Emergency telephone verbal communication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Emergency telephone operable or in-use tone at handset operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q	In standby mode, a short, or open on a paging, alert, alarm, or emergency telephone voice communication buss results in a buss specific trouble condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Name: _____	Date: _____
Address: _____	City: _____

22.4 Power Supply Inspection (Reference Section 9 Power Supplies)

Power Supply Field Location: _____				
Power Supply Identification: _____				
Circuit Disconnect Means Location: _____				
Circuit Panel/Breaker Identification: _____				
		Yes	No	N/A
A	Fused in accordance with the manufacturer's marked rating of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	The primary supply is equipped with identified disconnect means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Adequate to meet the requirements of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	A short on the isolated side of each power isolation module results in a trouble condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Operation of a device on the source side of each shorted power isolation module is confirmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Power for ancillary devices is taken from a source separate from the fire alarm system control unit or transponder power supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Power for ancillary devices is taken from the control unit or transponder that is designed to provide such power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Ancillary devices, which are powered from the control unit or transponder, are recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22.5 Emergency Power Supply Test And Inspection

Emergency Power Supply Field Location: _____				
Emergency Power Supply Identification: _____				
Emergency power supply is provided by:				
<input type="checkbox"/> Batteries <input type="checkbox"/> Generator <input type="checkbox"/> UPS <input type="checkbox"/> Combination				
Battery Type (as installed): <input type="checkbox"/> Sealed Lead Acid <input type="checkbox"/> Ni-Cad <input type="checkbox"/> Lithium-Ion <input type="checkbox"/> Wet Lead				
Battery Capacity (as installed): _____ AH				
NBC required full load alarm operation time: <input type="checkbox"/> 2 hours <input type="checkbox"/> 1 hour <input type="checkbox"/> 30 minutes <input type="checkbox"/> 5 minutes				
		Yes	No	N/A

A	Correct battery type as recommended by the manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Correct battery rating as determined by battery calculations based on full system load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Battery voltage (main power "on"):	VDC		
	Battery charging current (main power "on"):	mA		
D	Battery voltage – main power "off" – FAS in supervisory condition:	VDC		
	Battery current - main power "off" – FAS in supervisory condition:	mA		
E	Battery voltage – main power "off" – FAS in full load ALARM:	VDC		
	Battery current – main power "off" – FAS in full load ALARM:	A		
F	Battery free of physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Battery terminals cleaned and lubricated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Battery terminals clamped tightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Correct electrolyte level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Specific gravity of the electrolyte is within the battery manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Inspected for electrolyte leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Adequately ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Record manufacturer's date code or in-service date: _____			
N	Disconnection causes trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O	Indicate type of test performed on a fully charged battery (select one):			
	(i) Required supervisory load for 24 h followed by the required full load operation;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Silent accelerated test. (Refer to Annex C1, New Silent Accelerated Test Method); or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Battery manufacturer's method. Specify: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P	Record calculated battery capacity (refer to Annex C2). _____ AH			
Q	Record the battery terminal voltage after tests are completed. _____ VDC			
R	Battery voltage not less than 85% of its rated capacity after tests completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Power Generator Tests (Reference Section 9.3)

A	Generator provides power to the AC circuit serving the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Trouble condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Generator "Run" condition at the emergency generator shall result in an audible common trouble signal and a visual indication at the required annunciator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Recommended Additional Inspection (not mandated by the Standard):

Generator fueled by: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other: _____
Fuel Level: _____ % of full capacity Estimated run time: _____ Hours

Building Name:		Date:	
Address:		City:	

Note: Complete section for each annunciator, display and control centre, sequential display, or remote trouble signal unit installed on the fire alarm system.

No Annunciator or Remote Trouble Unit is installed on this system. <input type="checkbox"/> (This Section is Not Applicable)				
22.6 Annunciator Remote Trouble Signal Unit, Display & Control Centre Test And Inspection (Reference Section 10)				
Annunciator Location:				
Annunciator Identification:				
		Yes	No	N/A
A	Power "on" indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Individual alarm and supervisory input zone clearly indicated and separately designated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Individual alarm and supervisory input zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Where active and supporting field devices are utilized, device labels correspond with actual field location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Common trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Input wiring from control unit or transponder is supervised and of the correct type and gauge in accordance with the equipment manufacturer's installation wiring requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alarm signal silence visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Switches for ancillary functions operate as per design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Ancillary functions visual indicators operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Manual activation of alarm signal and indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Displays are visible in the installed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Operates on emergency power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Annunciator and Sequential Display is installed in this system. <input type="checkbox"/> (This Section is Not Applicable)				
22.7 Annunciators or Sequential Displays (Reference Section 10.2)				
Annunciator/Sequential Display Location:				
Annunciator/Sequential Display Identification:				
		Yes	No	N/A
A	Power "on" indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Individual alarm and supervisory zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Where individual devices are also annunciated confirm the individual alarm and supervisory indications are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Where active and supporting field devices are utilized, the device location and programmed device label/descriptor shall be confirmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Common trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G	Input wiring from control unit or transponder is supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Alarm signal silence visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I	Switches for ancillary functions operate as per design and specification, or in accordance with documentation as detailed in Section 21. (See Section 7.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J	Ancillary functions visual indicators operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K	Manual activation of alarm signal and indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L	Displays are visible in the installed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M	Multi-line sequential display operates as per 10.2, where utilized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Remote Trouble Signal Unit is installed in this system. <input type="checkbox"/> (This Section is Not Applicable)				
22.8 Remote Trouble Signal Unit Test and Inspection				
Remote trouble signal unit location:				
Remote trouble signal unit identification:				
		Yes	No	N/A
A	Input wiring from control unit or transponder is supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Audible trouble signal silence operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Building Name: _____	Date: _____
Address: _____	City: _____

There are no interconnections to a Fire Signal Receiving Centre on this system. <input type="checkbox"/> (This Section is Not Applicable)				
22.11 Interconnection to the Fire Signal Receiving Centre				
Communicator Location: _____				
Circuit Disconnect Means Location: _____				
Circuit Panel/Breaker Identification: _____				
		Yes	No	N/A
A	The fire signal receiving centre transmitter is integral to the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B	Confirm that the alarm transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C	Confirm that the supervisory transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D	Confirm that the trouble transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E	Operation of the fire signal receiving centre transmitter bypass means results in a specific trouble indication at the fire alarm control unit or transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F	Operation of the fire signal receiving centre disconnect means transmits a trouble signal to the fire signal receiving centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H	Record the name and telephone number of the fire signal receiving centre. Company: _____ Telephone: _____ Address: _____			

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Building Name:		Date:	
Address:		City:	

23.1 Field Device Testing - Legend and Notes			
Device	Description	Type	Model Number
	Manual Initiating Devices		
M	Manual pull station		
MAS	Manual Abort Station		
	Automatic Fire Detection Devices		
HT	Heat Detector, restorable or non-restorable, fixed temperature		
RHT	Heat Detector, restorable, rate-of-rise thermostat		
S	Ionization Smoke detector		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
PS	Photo-electric Smoke detector		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
DS	Duct Smoke detector		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
MC	Multi-Criteria type detector (specify detection types)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
CO	Carbon Monoxide detector		
OD	Other Detector type (specify)		
EOL(R)	End-of-Line resistor ("R" indicates "Power Supervision Relay")		
	Fire Sprinkler Devices		
FS	Sprinkler Flow Switch		
FPS	Sprinkler Flow Pressure Switch		
TS	Sprinkler valve supervisory Tamper Switch		
LA	Low Air supervisory device		
LT	Low Temperature supervisory device		
HTC	Heat Trace Controller		
TLW	Tank Low Water supervisory device		
	Fire Alarm Signalling Devices		
B	Bell		
H	Horn		
SSAD	Suite Silencing Audible Device		
SB	Smoke Sounder Base		
V	Visual alarm device (specify strobe type or corridor indicator)		
SP	Cone type Speaker		
HSP	Horn Speaker		
AV	Combination Audible/Visual Device - specify type (i.e. Horn/Strobe Unit)		
SCIM	Signal Circuit Isolation Module		
ET	Emergency Telephone (Fire Fighter's Phone)		
SYNC	Signalling Circuit Synchronization Module		
	Supporting Field Devices (Addressable Systems)		
RPM	Remote Point Module		
SRIM	Single point Remote Initiating Module		
DRIM	Dual input Remote Initiating Module		
EM	Isolator Module		
SCRM	Signal Circuit Remote Module		
RRM(S)	Remote Relay Module ("S" provides supervised outputs)		
	Extinguishment Releasing Devices		
RS	Releasing Solenoid		
PDS	Pressure Discharge Switch		
LPS	Low Cylinder Pressure Switch		
	Ancillary Devices		
DH(M,FL)	Door Holder ("M" is Magnetic, "FL" is Fusible Link)		
DM	Damper Motor		
R	Relay		
AD	Other Ancillary Device		
SA	Smoke Alarm (specify single or multi-station type)		

Building Name:		Date:	
Address:		City:	

23.1.1 The following notes apply to 23.2 Individual Device Record:

1. Smoke detector sensitivity reading confirmed by the control panel or measurement obtained through testing to be recorded in the remarks column.
2. Smoke detector cleaning or replacement date should also be recorded in the "Remarks" column.
3. Status change, including time delay (where applicable), should be recorded in the "Remarks" column Refer to Annex A3.73 and Annex E.
4. Duct smoke detector pressure differential to be confirmed and recorded in the "Remarks" column. Detector tubes must be pulled and their alignment confirmed if results indicate any abnormalities.
5. Transport time of air sampling type detector to be confirmed and recorded in the remarks column.
6. Time delay setting of water flow switch to be recorded in the "Remarks" column.
7. Sprinkler supervisory switches cause a "trouble" condition to be annunciated, but not an alarm condition. This should be a latching type trouble (or "supervisory trouble") only restorable by pressing "Reset" on the fire alarm control panel. Exceptions should be noted in "Comments".
8. Upper and lower pressure setting of supervisory devices to be recorded in the "Remarks" column.
9. Low temperature setting to be recorded in the "Remarks" column.
10. Identify the specific ancillary devices in the "Remarks" column.
11. The date any field device is changed should be recorded in the remarks column For smoke detectors, if housing discolouration is noted, attempt to identify the source and note the date of manufacture. Heat detectors whose labels are missing, faded and unreadable, or painted should be considered failed and replacement is recommended. This information should be noted in the "Remarks" column.
12. Identify correct field device operation (e.g., alarm, trouble, supervisory, annunciation indication).
13. Identify zone, circuit number, or address.
14. Identify conventional field device locations
15. Identify active field device and supporting field device, data communication link (DCL), address and location.
16. Confirm field device is free of damage.
17. Confirm field device free of foreign substance.
18. Confirm field device mechanically supported independently of the wiring.
19. Confirm field device protective dust shields or covers removed.
20. "Correctly Installed" refers to the version of CAN/ULC-S524, Standard for Installation of Fire Alarm Systems, applicable at the time of installation of the device being tested.
21. Smoke detectors that employ sounder bases or activate local audible signalling device(s), used in lieu of smoke alarms, to be tested to confirm local sounder operation and annunciation at the control panel, including visible device operation, as applicable, and individually recorded.
22. When batteries are replaced in the short-range radio frequency (wireless) devices, the battery replacement date is to be recorded in the Remarks Section.

Building Name:	Date:
Address:	City:

23.2 Individual Device Record

“√” **Yes - Acceptable** “X” **No – Unacceptable** (See Section 20.2 Deficiencies) “Dash” - Not Applicable

Device Location	Annunciation Label or LCD Text Displayed (if applicable)	Device Type	Requires Service, Repairs, Cleaning or Missing	Circuit Number or Address	Annunciated FIRE ZONE	Correctly Installed	Additional Readings (Remarks)	Alarm / Operation Confirmed	Annunciation Indication Confirmed	Supervision of Wiring or Device Confirmed	Comments

Building Name:		Date:	
Address:		City:	

23.2 Individual Device Record

“√” **Yes - Acceptable** “X” **No – Unacceptable** (See Section 20.2 Deficiencies) “Dash” - Not Applicable

Device Location	Annunciation Label or LCD Text Displayed (if applicable)	Device Type	Requires Service, Repairs, Cleaning or Missing	Circuit Number or Address	Annunciated FIRE ZONE	Correctly Installed	Additional Readings (Remarks)	Alarm / Operation Confirmed	Annunciation Indication Confirmed	Supervision of Wiring or Device Confirmed	Comments

Building Name:		Date:	
Address:		City:	

23.3 CIRCUIT FAULT TOLERANCE TEST SHEET

“✓” **Pass** - Acceptable “X” **Fail** – Unacceptable (See Section 20.2 Deficiencies) “Dash” - Not applicable

Circuit Fault Test Location	Type of Fault (Record response time or indicate “N/A”)			Isolation Results	Non-Faulted Circuit Location	
	Short	Open	Ground		Identify Individual Device tested for operation located in Non-Faulted NBC Fire Alarm zone or area	Pass or Fail
Identify Device Location where circuit fault was introduced and description of affected NBC Fire Alarm zone or area				Identify NBC Fire Alarm Zone or area Location where devices failed due to fault condition		