



Presidio Trust Fire Marshal's Office

1750 Lincoln Blvd. San Francisco, California 94129

Date: September 19, 2023

Revision:

Standard: FAS-003

Title: Fire Alarm Acceptance Testing

Approved By: Tomas Kaselionis

SCOPE:

The following installation requirements must be met before an acceptance test is witnessed by a member of the Fire Marshal's Office. Testing shall meet the following code requirements:

- [National Fire Protection Association, NFPA 1, Fire Code](#)
- [National Fire Protection Association, NFPA 72, National Fire Alarm and Signaling Code](#)
- [National Fire Protection Association, NFPA 101 Life Safety Code](#)

1. FIRE MARSHAL'S OFFICE ACCEPTANCE TESTING

- 1.1 Prior to requesting a final system inspection and acceptance test, the installer shall perform a satisfactory, 100% test of the system. The entire system shall be installed to completion.
- 1.2 The Presidio Trust Fire Alarm Pre-Test Checklist must be completed. A signed copy must go into the documentation box, and one must go to the Permitting Office.
- 1.3 A 24-hour battery system test, if applicable, shall be performed and witnessed by a member of the Presidio Trust Fire Marshal's Office. This required test shall include all additional power supplies and boosters. Power shut-off shall be completed prior to inspection. Shut off and restoration of all systems shall be verified prior to final approval.
- 1.4 A functional test of all new equipment shall be conducted. Ten percent (10%) of all existing components shall be tested for amended systems.
- 1.5 Signal initiation and central station retransmission shall be demonstrated. Signal initiation to central station shall not exceed 90 seconds. Retransmission to fire department dispatch shall not exceed 60 seconds.
- 1.6 Buildings, in which three (3) or less initiating devices (as defined by [NFPA 72](#)) are proposed to be installed shall be required to have a minimum of four (4) distinct zones: trouble, supervisory, alarm and water flow.
- 1.7 Buildings in which four (4) or more initiating devices (as defined by [NFPA 72](#)) are proposed to be installed, shall be required to have fully addressable panels installed.
- 1.8 On systems with fully addressable fire alarm control panels, initiating devices shall be durably labeled with a simplified corresponding device address.
- 1.9 All specialized systems shall be connected to and monitored by the Fire Alarm Control Panel (FACP) as a separate zone.
- 1.10 A Type I Commercial Kitchen Hood shall be tied into the building fire alarm panel, including water-monitoring systems.
- 1.11 Upon activation of a fire alarm system, all electronic security locks installed in a building shall release (fail-safe).
- 1.12 Duct smoke detectors are not required to be monitored on basic water flow/tamper/type fire alarm systems.
 - 1.12.1 If they are connected to the building's fire alarm system, they shall report as SUPERVISORY only.

- 1.13 All circuit breakers shall be tagged and labeled, including breakers for additional power supplies. Each circuit breaker shall be locked in the "on" position.
- 1.14 A laminated floor plan (minimum 11" x 17") for each building floor shall be posted adjacent to the FACP in the fire alarm panel room.
- 1.15 An approved visible sign shall be posted at all control valves, control panels, and monitoring panels stating the name of the monitoring company and the 24-hour phone number of the Central Station.
- 1.16 Annunciator panels are to be located at the primary entry way for the building and, if possible, the entry way where the Knox Box is located. An on-site inspection will determine compliance.
- 1.17 Fire alarm systems that use radio signals to transmit alarms shall be listed for use with the FACP. They shall also be capable of mirroring the exact same transmitting zones as the primary telephone dialer.
- 1.18 Reset and reset code instructions may be posted at the FACP if the panel is in a secured room and the Fire Marshal has given specific authority to specific individuals with the responsibility to reset a fire alarm panel.
- 1.19 A document cabinet shall be mounted in the fire alarm panel room and include the following:
 - 1.18.1. Record of Completion in accordance with [NFPA 72](#)
 - 1.18.2. Approved plan set
 - 1.18.3. For software-based systems, a copy of the site-specific software shall be stored on a non-volatile, non-erasable, non-rewritable memory device
 - 1.18.4. Underwriters Laboratories (UL) certification denoting the site specific Central Station Fire Alarm Service (UUFX) certification
- 1.20 A key for the FACP shall be provided in the fire department key box (example: Knox Box). The lock on the FACP must be keyed to a 1358 lock.
- 1.21 Testing shall be completed pursuant to the approved manufacturer's specification sheets, [NFPA 72](#) and this standard.

2. SYSTEMS OUT OF SERVICE

- 2.1 Refer to The Presidio Trust Fire Marshal's Standard, [ADM-003 Fire Watch Procedures](#) for fire alarm systems out of service.

3. FALSE ALARMS

- 3.1 Prior to any person working on any monitored fire alarm system, the person shall place the System in "test" see Presidio Trust [FAS-002 Fire Alarm Temporary Shutdown](#) for procedure to put system on test.
- 3.2 If an alarm is transmitted from the Central Station to the San Francisco Fire Department whenever anyone is working on the system, a Cost Recovery may apply.

DEFINITIONS:

Annunciator – A panel with a group of lights used as a central indicator of status of equipment or systems on a building or other installation.

FACP – Fire Alarm Control Panel

NFPA – National Fire Protection Association

Type I Commercial Kitchen Hood – Also known as grease hoods, Type I commercial kitchen hoods are designed to

remove heat, smoke, and airborne grease. These types of hoods are often found over appliances such as fryers, broilers, grills, and ovens.

UL – Underwriters Laboratories, also known as UL Solutions, is a safety organization with safety standards.

UUFX – Central Station Fire Alarm Service.

REFERENCES:

See Page 4, for additional forms used in Acceptance Testing.

Presidio Trust Fire Alarm Pre-Test Checklist

<input type="checkbox"/>	As-builts complete and on site
<input type="checkbox"/>	Printed zone list inserted at main fire panel
<input type="checkbox"/>	All Back up batteries affixed with printed label stating battery manufacture date
<input type="checkbox"/>	All junction boxes clearly labeled "Fire Alarm"
<input type="checkbox"/>	All detectors, modules and notification appliances affixed with "black on white" printed label <ul style="list-style-type: none"> - Detector labels affixed to detector bases, not heads - Notification Appliance End of Line (EoL) devices labeled. - Labels must be large enough to be clearly visible from the ground for someone with normal vision - Above ceiling devices labeled at ceiling
<input type="checkbox"/>	Printed label affixed to all cables identifying name and type of circuit (i.e. NAC 1, SLC 1, Door Holder Power) <ul style="list-style-type: none"> - Cables must be labeled at main fire panel, all fire power supplies, and all junction boxes
<input type="checkbox"/>	All fire panels have door and lock installed
<input type="checkbox"/>	Main fire panel has printed label stating account number and panel phone numbers
<input type="checkbox"/>	All fire panels/power supplies have AC Disconnect location labeled at the Panel
<input type="checkbox"/>	All fire alarm AC circuits are dedicated and lock-out devices installed
<input type="checkbox"/>	Panel Date/Time is correct
<input type="checkbox"/>	Panel is scheduled to send one daily test signal at a random time (changed from default)
<input type="checkbox"/>	100% of zones tested
<input type="checkbox"/>	Park Dispatch 24 hour report reviewed and attached <ul style="list-style-type: none"> - All zones received correctly at Park Dispatch (Fire Alarm, Trouble, Supervisory) - Report includes 1 received daily test signal
<input type="checkbox"/>	All Items under the Inspection form are functioning correctly
<input type="checkbox"/>	NFPA 72 System Info Form Completed

I CERTIFY UNDER PENALTY OF PERJURY THAT THE COMPANY I REPRESENT HAS COMPLETED EACH OF THE ABOVE ITEMS AND THE FIRE ALARM AT THIS LISTED LOCATION IS READY FOR THE FINAL ACCEPTANCE INSPECTION

COMPANY NAME

INSTALLER PRINTED NAME

INSTALLER SIGNATURE

DATE

Completed by Installer

NFPA 72 System Information Form

Building #:	Address:	Date of Install:
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INSTALLING/SERVICING CONTRACTOR INFORMATION	
Company Name:	Company Address:
Company Phone #:	State License Number:
Technician Name:	

FIRE ALARM SYSTEM INFO		
Location of Fire Alarm Control Panel (FACP):		
Remote Annunciator (RA) Location:		
AC Electrical Disconnect Location:		
Back-up Battery Voltage:	Back-up Battery Amp Hours (AH):	Installation Date:
Fire Alarm Control Panel Manufacturer:		Fire Alarm Control Panel Model:

FIRE ALARM CONTROL PANEL COMMUNICATIONS	
Central Station Account Number:	Total Number of Zone/Addressable Point IDs:
Reporting Format:	
<input type="checkbox"/> Telephonic	Primary Phone #:
	Secondary Phone #:
<input type="checkbox"/> IP/Ethernet	Primary IP Address:
	Secondary IP Address:

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NFPA 72 System Information

OTHER SYSTEMS CONNECTED WITH/CONTROLLED BY FIRE ALARM SYSTEM	
<input type="checkbox"/> Fire Sprinkler System <input type="checkbox"/> Halon/Clean Gas System <input type="checkbox"/> Elevator Control	<input type="checkbox"/> Kitchen/Hood System <input type="checkbox"/> Voice Evacuation System <input type="checkbox"/> Access Control
<input type="checkbox"/> Other (describe):	

INITIATING DEVICES INFORMATION – TYPE & QUANTITY	
Manual Pull Station _____ Heat Detector (fixed) _____ Duct Detector _____ Waterflow Switch _____	Smoke Detector _____ Heat Detector (Rate of rise) _____ Combination Smoke/Heat _____
Other (describe):	

SUPERVISORY INITIATING DEVICES – TYPE & QUANTITY	
Water Valve Tamer Switch _____	Other (describe):

ALARM NOTIFICATION APPLIANCES – TYPE & QUANTITY	
Combination Horn/Strobe _____ Strobe _____ Speaker _____	Horn _____ Chime _____ Other (describe):

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NFPA 72 System Information Form

Building #:	Address:	Date of Inspection:
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INSPECTING OFFICIAL/CONTRACTOR INFORMATION	
Inspector Name:	Company Name:
Company Address:	Company Phone #:
State License Number:	

SYSTEM TEST INFORMATION (Record any Deficiencies on Last Page)	
Time Test Started:	Time Test Completed:
24 Hour Battery Test State Time and Date:	24 Hour Battery Finish Time and Date:
<input type="checkbox"/> 24 Hour Battery Test PASSED <ul style="list-style-type: none"> <input type="checkbox"/> System remained powered for 24 hours <input type="checkbox"/> Notification Appliance activated for 5 minutes without power loss <input type="checkbox"/> Panel returns to "System Normal" after AC power is restored 	
<input type="checkbox"/> As-Built's completed and on site	

FACP & ACCESSORY PANEL INSPECTION	
<input type="checkbox"/> LED Lamps/Lights Operable <input type="checkbox"/> All Panels have door and lock installed <input type="checkbox"/> Back up batteries labeled with manufacture date <input type="checkbox"/> AC Disconnect Location labeled inside FACP <input type="checkbox"/> AC Breaker labeled and secured with Lock Out Device <input type="checkbox"/> All cables affixed with printed label identifying name and type of circuit <input type="checkbox"/> Account number labeled inside FACP <input type="checkbox"/> Phonenumber numbers labeled inside FACP	<input type="checkbox"/> Printed zone list inserted at FACP <input type="checkbox"/> Panel Date/Time is correct <input type="checkbox"/> Primary Phone Trouble (when inoperable) <input type="checkbox"/> Secondary Phone Trouble (when inoperable) <input type="checkbox"/> System functions on back up battery when AC power is removed; Trouble condition initiated <input type="checkbox"/> Removal of any initiating devices initiates Trouble at FACP <input type="checkbox"/> Removal of NAC device on each circuit initiates NAC Trouble at FACP

REMOTE ANNUNCIATOR	
<input type="checkbox"/> LED Lamps/Lights Operable <input type="checkbox"/> Zone/Point ID & Device Name Accurate/Legible	<input type="checkbox"/> RA Secured (Locking cover or switch lock) <input type="checkbox"/> General Condition (Accessible, no damage)

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NFPA 72 System Information Form

INITIATING DEVICE TEST	
Manuel Pull Stations	Smoke Detectors
Number Tested: _____ <input type="checkbox"/> Devices marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Proper Trouble Notification (when inoperable) <input type="checkbox"/> Activates Alarm Notification Appliances <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly	Number Tested: _____ <input type="checkbox"/> Devices Marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Activates Alarm Notification Appliances within 100 seconds of waterflow <input type="checkbox"/> Non-Silencable (requires FACP reset) <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly
Heat Detectors	Water Flow Switch
Number Tested: _____ <input type="checkbox"/> Devices marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Proper Trouble Notification (when inoperable) <input type="checkbox"/> Activates Alarm Notification Appliances <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly	Number Tested: _____ <input type="checkbox"/> Devices Marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Activates Alarm Notification Appliances within 100 seconds of waterflow <input type="checkbox"/> Non-Silencable (requires FACP reset) <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly
Water Valve Tamper Switch	Duct Detectors
Number Tested: _____ <input type="checkbox"/> Devices Marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Activates Supervisory Alarm within 2 full revolutions of hand wheel <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly	Number Tested: _____ <input type="checkbox"/> Devices Marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Proper Trouble Notification (when inoperable) <input type="checkbox"/> Activates Supervisory Alarm <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly
Other Alarm Initiating Devices	Other Trouble/Supervisory Initiating Devices
Number Tested: _____ <input type="checkbox"/> Devices marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Proper Trouble Notification (when inoperable) <input type="checkbox"/> Activates Alarm Notification Appliances <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly	Number Tested: _____ <input type="checkbox"/> Devices Marked with Zone/Point ID <input type="checkbox"/> General Condition (accessible, no damage) <input type="checkbox"/> Proper Trouble Notification (when inoperable) <input type="checkbox"/> Proper Annunciation at FACP & RA <input type="checkbox"/> Communications Center receives signal correctly

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NFPA 72 System Information Form

CONTROL DEVICES:	
Elevator Recall	Fire Smoke Dampers
<input type="checkbox"/> Primary Recall <input type="checkbox"/> Secondary Recall <input type="checkbox"/> Fireman's Hat <input type="checkbox"/> Shunt Trip <input type="checkbox"/> Other (describe) _____	<input type="checkbox"/> Dampers activate
Door Holders	Other (describe function)
<input type="checkbox"/> All doors release with fire alarm <input type="checkbox"/> Doors close correctly when released	<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

ALARM NOTIFICATION DEVICES	
<input type="checkbox"/> All Audible Devices Function <input type="checkbox"/> All Visual Devices Function <input type="checkbox"/> All devices affixed with printed label <input type="checkbox"/> All End of Line (EOL) devices labeled <input type="checkbox"/> Proper Trouble Notification when device is inoperable <input type="checkbox"/> All NAC booster panel troubles initiate trouble at main FACP (low battery, ground fault)	<input type="checkbox"/> Alarm notification appliances produce a sound that exceeds the prevailing equivalent sound level in the room or space and is distinguishable from all other ambient sounds in the room or space. <input type="checkbox"/> All audible/visible devices synchronized (where applicable)

CENTRAL STATION NOTIFICATION
<input type="checkbox"/> All alarm signals (fire alarm, trouble, supervisory) were received correctly by the Park Communication Center Central Station Receiver.

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NFPA 72 System Information Form

FIRE ALARM SYSTEM PASSED ACCEPTANCE INSPECTION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE COMPANY I REPRESENT HAS TESTED THE FIRE ALARM SYSTEM AT THE ABOVE LOCATION. THE FINDINGS OF THIS TEST INDICATE THIS FIRE ALARM SYSTEM IS FUNCTIONAL AND MEETS ALL APPLICABLE CODES AND STANDARDS AND IS HEREBY CERTIFIED FOR USE.

SIGNED: _____ DATE: _____

Name (Printed): _____

FIRE ALARM SYSTEM **FAILED** ACCEPTANCE INSPECTION

I CERTIFY UNDER PENALTY OF PERJURY THAT THE COMPANY I REPRESENT HAS TESTED THE FIRE ALARM SYSTEM AT THE ABOVE LOCATION. THE FINDINGS OF THIS TEST INDICATE THIS FIRE ALARM SYSTEM IS FUNCTIONAL AND **DOES NOT MEET** ALL APPLICABLE CODES AND STANDARDS AND IS HEREBY **NOT** CERTIFIED FOR USE.

SIGNED: _____ DATE: _____

Name (Printed): _____

LIST ANY COMMENTS OR DEFICIENCIES BELOW:

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