

Installation date: _____

Commissioning date: 19-Oct-18

TYPE OF SYSTEM

FM - 200	<input checked="" type="checkbox"/>	_____
Novac 1230	<input type="checkbox"/>	_____
INERGEN	<input type="checkbox"/>	_____

Client Name: Seasonmaster Engineering Private Limited (SEL)

Project Name: Emaar Sales Centre Karachi

Client P.O. No.: N/A

Consultant Name: N/A

Supply And Supervision By: Zara Engineers

Contractor Name: Seasonmaster Engineering Private Limited (SEL)

Manufacture By: SFFECO - UAE

Panel / Devices Manufacture by: Potter Electric Signal Company - USA

Panel Model / Serial No.: PFC-4401/RB3616

Hazard: UPS Room/Server Room

Representatives:

Were the following present to witness the test:

- A. Client / Representative Yes No N/A
- B. Consultant / Representative Yes No N/A
- C. Contractor / Representative Yes No N/A

CLIENT'S REPRESENTATIVE NAME & SIGNATURE		CONSULTANT'S REPRESENTATIVE NAME & SIGNATURE	
COMMENTS		COMMENTS	
CONTRACTOR REPRESENTATIVE NAME & SIGNATURE		ZARA ENGINEERS REPRESENTATIVE NAME & SIGNATURE	
COMMENTS		I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.	
<u>N/A at 19 Oct 2018</u>	<u>[Signature]</u>		<u>[Signature]</u>

Note: For Further Detail See Attached Reports

Test Results/Commissioning & Sign with Witness

INITIAL SET-UP		YES	NO	N/A
1	Contact security to put building fire alarm system in bypass for tool- Name _____	✓		
2	Contact tool engineer to notify of system test - Name _____	✓		
3	Disconnect control heads prior to system test	✓		
CYLINDERS		YES	NO	N/A
1	Cylinders are in good physical condition and free from damage and corrosion	✓		
2	Weigh cylinder(s) and verify fill is over 90% - SIZE ____ lbs OR NEW	✓		
3	Cylinders are securely held in position in metal rack with retaining clamp	✓		
4	Releasing control heads were tested and are operational	✓		
TUBING/PIPING & NOZZLES		YES	NO	N/A
1	System calculations and design documentation is available	✓		
2	All tubing and fittings are connected, secure, tight, and well supported	✓		
3	Tube sizing is consistent with drawings and hydraulic calculations	✓		
4	Corrosion protection is provided as needed and maintain visual integrity	✓		
5	Nozzles are positioned to effectively cover each protected area	✓		
2	Nozzles are clean and clear with no obstruction to nozzle discharge path	✓		
DETECTION/SIGNALLING DEVICES		YES	NO	N/A
1	Location and position of detectors are effective for compartment configuration	✓		
2	Test all devices to ensure proper operation and response actuation	✓		
3	Smoke detectors were tested with magnet and are operational	✓		
4	Manual pull station was tested and is operational	✓		
5	Trouble & supervisory conditions for each device were tested and are operational	✓		
6	Pressure switch was tested and is operational	✓		
Releasing Control Panel		YES	NO	N/A
118	The primary power was tested and is operational	✓		
119	Test the secondary power supply by disconnecting the primary power supply	✓		
320	The batteries were load tested with a load test meter and were satisfactory	✓		
421	The battery charger was tested for proper operation	✓		
522	The battery voltage was measured under full load with the charger disconnected. Volt ____	✓		
623	The battery connections were cleaned	✓		
CONTROL PANEL SUPERVISORY FUNCTIONS		YES	NO	N/A
1	Loss of AC power to the alarm panel is detected by the alarm system	✓		
2	Loss of Secondary power to the alarm panel is detected by the alarm system.	✓		
3	Electrical opens in initiating and indicating circuits are detected.	✓		
ALARM FUNCTIONS - CHEMICAL SUPPRESSION		YES	NO	N/A
1	A single initiating zone shows alarm.	✓		
2	A 2nd initiating zone shows alarm.	✓		
3	Delay between 1st alarm and agent discharge.	✓		
4	Audible alarm upon agent discharge.	✓		
5	Actual discharge of chemical fire suppression agent.	✓		
6	Switch prevents discharge of chemical fire suppression agent	✓		

Handing Over (To Client)

Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.

Name: _____

Signature/Date: _____