

Section C - Fire alarm system and elevator operations

Function	Personally witnessed <i>All items must be marked "yes" or "N/A" to proceed</i>	Initials	Date
Make a public address announcement throughout the building, in the stairway(s), & on individual floors	Yes N/A, because: there is no voice communication system. other: _____ (please specify)		
Acknowledge signals at the fire alarm control panel	Yes N/A, because: there is no indicator designed to be showed on the panel. other: _____ (please specify)		
Place the fire alarm system off line	Yes N/A, because: the system is NOT monitored by a central station. other: _____ (please specify)		
Place the fire alarm system on line	Yes N/A, because: the system is NOT monitored by a central station. other: _____ (please specify)		
Communicate with FEP staff utilizing the method designated for an emergency (radio, intercom, etc.)	Yes		
Silence the fire tones throughout the building	Yes N/A, because: the system cannot be silenced. other: _____ (please specify)		
Reset the fire command center	Yes		
Phase I elevator operation	Yes N/A, because: there is no elevator in the shelter. other: _____ (please specify)		
Phase II elevator operation	Yes N/A, because: there is no elevator in the shelter. other: _____ (please specify)		

Section D - Affidavit

I, _____, hereby swear that on _____ I have personally
(Name of Signee) (MM/DD/YY)

witnessed the applicant demonstrated and performed all of the functions related to the Fire Alarm System and elevator operations of the shelter that the applicant will be employed.

On this _____ day of _____, in the year _____, I have hereunto affixed my signature and I affirm that all statements made on this application (including any attached papers) are true under the penalties of perjury. I understand that all statements made in connection with the application are subject to investigation and verification. I understand that any intentional falsification of this letter can be grounds for the denial, non-renewal, suspension or revocation of the F-80 Certificate of Fitness as applies to both the applicant and the signee.

Printed Name of Employer
/DHS Representative /Shelter Director

Job Title

Contact Phone number

Signature of Employer/
/DHS Representative/Shelter Director
(Sign only before a Notary)

Signature of Notary

Printed name of Notary

NOTARY PUBLIC: [Notary Seal]

My commission expires: ___/___/___