FORM FA-15



FIRE DEPARTMENT BUREAU OF FIRE PREVENTION FIRE ALARM AND CENTRAL STATION INSPECTION UNIT

FDNY USE ONLY

9 METROTECH CENTER, BROOKLYN, N.Y. 11201-3857 TELEPHONE: (718) 999-2469 FAX: (718) 999-2892

(Received by)				
	(Date)			

FIRE ALARM SYSTEM CERTIFICATION FORM

- The following form shall be signed by the Design Professional of Record and furnished to the Technology Management Unit.
- Additional documentation may be required for acceptance of this form (A copy of the S-97/S-98 Certificate of Fitness card, a copy of the Letter of Approval, etc.)
- The form must be typewritten and notarized.

1	1 PREMISES INFORMATION (All fields must be completed):										
Building No: Street Name:											
Borou	ıgh:		NY	ZIP:			Block:		Lot:	Bin:	
Build	ing Height:	ft.	Footprint				sq. ft.	Buil	Building Stories:		
Const	truction Classification:		Occupancy	Classifi	Classification: Mixed Use Building:			☐ Yes	□ No		
2	OWNER INFORMATION (A	All fields must b	e completed):								
Last Name:			First	First Name: Business Teleph			one:				
Business Name:				Business Fax:							
Business Address:			City:	City: State:			Zip:				
E-Mail: Mobile Telephor				ne:							
3	APPLICANT INFORMATIO	N (All fields m	ust be complete	d):							
Last I	Name:			First	First Name: License Num			License Number	er:		
Business Name:				Business Teleph			one:				
Business Address:			City:	City: State:				Zip:			
Choo	Choose one: □ P. E. □ R. A E-Mail:										
4	FIRE ALARM SYSTEM INF	ORMATION (Check all items t	hat are a	pplicabl	'e):					
Installation Date: Building Code in Force: ☐ 1968 ☐ Prior to 1968 Make and Model:											
Type of Fire Alarm Control Panel (FCS): ☐ Coded ☐ Conventional ☐ Multiplexing ☐ Addressable					ressable						
Locat	Location of Existing Fire Alarm Control Panel (FCS):										
Location and Purpose of any Existing Local Control Unit(s):											
Type of Fire Alarm System (as indicated on the Letter of Approval):											
5 TESTING INFORMATION (Indicate "YES" where a specified component was tested and found to be in working order, "NO" - upon failure):											
										YES	NO
CONTROL EQUIPMENT (FACP, intermediate control units, remote annunciator, distributed control units, etc.)											
ALARM INITIATING DEVICES (coverage, sensitivity, alarm verification, etc.)											
AUDIBLE/VISIBLE APPLIANCES (adequacy of evacuation signal, coverage, etc.)											
VOICE COMMUNICATION (adequacy of sound pressure and clarity of PA, amplifier/tone generators, communication devices, etc.)											
BUILDING SAFETY FUNCTIONS (elevator recall, fan shutdown, door release, etc.)											
CENTRAL OFFICE CONNECTION (off-premises transmission)											
ELECT	ELECTRICAL (primary/secondary power supply, mechanical execution of work, cable and wiring uses, etc.)										

 $(Explain\ all\ "NO"\ answers\ in\ the\ "Comments"\ section.\ Where\ an\ item\ may\ not\ be\ applicable, indicate\ "N/A"\ and\ explain\ in\ the\ "Comments"\ section).$

7 COMMENTS (Attach additional sheets if necessary):				
8	CERTIFICATIONS:			
	A. APPLICANT:			
		rein was tested in accordance with the requirements of the following		
_	nce standards (indicate any or all that apply):			
□ 1	NFPA 72,edition	□ NYC ELECTRICAL CODE,edition		
	MANUFACTURER'S PUBLISHED INSTRUCTIONS	□ NYC BUILDING CODE,edition		
	OTHER (please specify):			
		signer shown below, on the date shown below, and were determined to		
	follows:			
	The test indicates that no elements of the system were found to	be defective on this date.		
	The test indicates that certain element of the system were fou	nd to be defective on this date and the system could not be certified.		
SIGN	NED: N	AME (print): DATE:		
COM	IPANY:	ITLE: PHONE:		
Notari	zation			
State of	of New York, County of:			
	to or affirmed under penalty of perjury	Notary Seal		
	day of 20	,		
Notar	y Public Signature:			