



**Fire Department • City of New York**  
**Bureau of Fire Prevention**  
 9 MetroTech Center  
 Brooklyn, NY 11201

**TM-ARCS-2**  
**AUXILIARY RADIO COMMUNICATION (ARC) SYSTEM**  
**VISUAL AND FUNCTIONAL TESTING FORM**

(to be completed by holder of ARC System Professional Certificate of Fitness)  
 Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date	
------	--

**1. PREMISES INFORMATION**

Building No.:	Street Name:	BIN #:
Borough:		NY
		ZIP:
Building Predominant Occupancy Group:		

**2. BUILDING OWNER**

Last Name:	First Name:	
Business Name :		
Business Address:		
Phone:	Fax:	E-Mail:

**3. TYPE OF SYSTEM**

Transceiver : <input type="checkbox"/> Simplex <input type="checkbox"/> Repeater <input type="checkbox"/> Other. Please Specify _____
Antenna System: <input type="checkbox"/> Passive Distributed Antenna System (DAS) <input type="checkbox"/> Active Distributed Antenna System (DAS) <input type="checkbox"/> Other. Please Specify _____

**3.1 System Features**

- Components enclosed in enclosure as required in the ARCS bulletin
- Enclosure is locked and accessible only via Firefighter 2642 Key       Tamper Switch monitored at FCC
- Communication Cables have 2 hour fire-rated protection

**3.2 System Documentation**

- An owner's manual, a copy of the manufacturer's instructions, operating instructions, and a copy of the as-built are stored on site.

Location:
-----------

### 3.3 Maintenance Logs

A record of inspections, tests, exercising operations and repairs is maintained on the premises

Location: \_\_\_\_\_

## 4. SYSTEM POWER

### 4.1 Primary Power

Input voltage of control panel:	Control panel amps:
---------------------------------	---------------------

### 4.2 Secondary Power - Engine-Driven Generator

This system does not have a generator.

Location of generator: \_\_\_\_\_

Location of fuel storage:	Type of fuel:
---------------------------	---------------

### 4.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):	In full operating mode (minutes):
--------------------------	-----------------------------------

### 4.4 Batteries

Type:	Nominal voltage:	Amp/hour rating:
-------	------------------	------------------

Calculated capacity of batteries to drive the system:

In standby mode (hours):	In full operating mode (minutes):
--------------------------	-----------------------------------

Batteries are marked with date of manufacture.

## 5. RELATED DEVICES (AMPLIFIERS, ANTENNAS, AND ALL OTHER ACTIVE COMPONENTS)

### 5.1 Location and Description of Devices

Device 1:	Manufacturer:	Type:
Location: _____		
Device 2:	Manufacturer:	Type:
Location: _____		
Device 3:	Manufacturer:	Type:
Location: _____		

## 6. NOTIFICATIONS MADE PRIOR TO TESTING

Building management	Contact:	Time:
Building occupants	Contact:	Time:
FDNY	Contact:	Time:
Other, if required	Contact:	Time:

## 7. TESTING RESULTS

### 7.1 Console

#### 7.1.1 Console Overview

Description	Visual Inspection	Functional Test	Test Results
Control unit functions and no diagnostic failures are indicated	<input type="checkbox"/>	<input type="checkbox"/>	
Control Unit Reset	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Desk-Set	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Audio Levels	<input type="checkbox"/>	<input type="checkbox"/>	
Control Levels	<input type="checkbox"/>	<input type="checkbox"/>	

#### 7.1.2 Console Power Supplies

Description	Test Results
Primary Power Supply	
Secondary Power Supply	
Battery condition	
Load voltage Voltage Recorded	
Discharge test	
Charger test	
Other (specify)	

### 7.2 Base-Station/Repeater

Description	Test Results
Wireless Signals	
Antenna	
Transceivers	
Radio ID Pass-Through	
Emergency Alert Pass-Through	
System performance	
Other (specify)	

**7.3 Base-Station/Repeater Failure Monitoring**

Description	Test Results
Low Transmit Power	
Over Temperature	
High VSWR	
Loss of Alternating Current (AC) or primary power source on the base-station/repeater	
Low Batter Capacity	
Antenna Failure	
Signal Amplification failure	
Tamper Switch	

**7.4 Active Components** *(Please supply the results of this test for all active components in the system)*

**7.4.1 Component Overview**

Description	Test Results
Lamps/LEDs/LCDs	
Fuses	
Ground-fault monitoring	
Panel supervision	
Amplifier/Tone Generator	
Other (specify)	

**7.4.2 Component Power Supplies**

Description	Comments
Primary Power Supply	
Secondary Power Supply	
Battery condition	
Load voltage Voltage Recorded	
Discharge test	
Charger test	
Other (specify)	

**8. NOTIFICATIONS THAT TESTING IS COMPLETE**

Building management	Contact:	Time:
Building occupants	Contact:	Time:
FDNY	Contact:	Time:
Other, if required	Contact:	Time:

**9. SYSTEM RESTORED TO NORMAL OPERATION**

Date:
-------

**10. ARC SYSTEM CERTIFICATION**

C of F Name:		Company Name:	
Company Address:			
C of F No:		Date of expiration:	
Telephone No:		E-mail:	
<input type="checkbox"/> New Installation I hereby certify the following:  I, or qualified employees under my direct supervision, have prepared this form and conducted the testing procedure and determined that the ARC System complies with all applicable testing requirements of TM-ARCS-2 – Supplement #1 (Visual and Functional Testing Form), NYC Building Code, NYC Fire Code, NYC Fire Department Rule 3 RCNY 511-01, NYC Fire Department Technical Criteria, NYC Electrical Code, and any other applicable rules and regulations.  _____ Signature of Certificate of Fitness Holder			
<input type="checkbox"/> Annual Certification I hereby certify the following:  I, or qualified employees under my direct supervision, have inspected and tested the ARC System with applicable testing requirements of TM-ARCS2-Supplement #1 (Visual and Functional Testing Form) and in accordance with Fire Department Rule 3 RCNY 511-01, and found that the ARC System is in good working order and complies with the standards and requirements set forth in this rule.  _____ Signature of Certificate of Fitness Holder			
<input type="checkbox"/> Five Year Recertification I hereby certify the following:  I, or qualified employees under my direct supervision, have conducted the five year recertification of the ARC System with applicable testing requirements of TM-ARCS2-Supplement #1 (Visual and Functional Testing Form) and in accordance with Fire Department Rule 3 RCNY 511-01, and found that the ARC System is in good working order and a radio coverage survey conducted in the same manner as the commissioning test complies with all the applicable standards and requirements.  _____ Signature of Certificate of Fitness Holder			