# INSPECTION TEST PLAN CHECKLIST

# FIRE ALARM INSTALLATION AND COMMISSIONING

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project Name:** | | **Project No:** | | | | | | |
| **Address:** | | **Area/Level:** | | | | | | |
| **Inspected by:** | | **Date:**  / / | | | | | | |
| NATURE OF INSPECTION | | | Yes | | No | | N/A | |
| **1. Rough In** | | |  | |  | |  | |
| * Approved workshop drawings | | | 🞏 | | 🞏 | | 🞏 | |
| * Wirings suitably fixed | | | 🞏 | | 🞏 | | 🞏 | |
| * Correct type of wiring installed | | | 🞏 | | 🞏 | | 🞏 | |
| * Correct type of wiring fixing installed | | | 🞏 | | 🞏 | | 🞏 | |
| * Fire stop material to penetrations (where specified) | | | 🞏 | | 🞏 | | 🞏 | |
| * In slab conduits inspected and acceptable before pour | | | 🞏 | | 🞏 | | 🞏 | |
| * Ok to proceed with sheeting ceilings | | | 🞏 | | 🞏 | | 🞏 | |
| **2. Fit-off** | | |  | |  | |  | |
| * Locations to approved workshop drawing | | | 🞏 | | 🞏 | | 🞏 | |
| * Approved type of detector installed | | | 🞏 | | 🞏 | | 🞏 | |
| * Detectors suitably fixed | | | 🞏 | | 🞏 | | 🞏 | |
| * Addressable detectors numbered | | | 🞏 | | 🞏 | | 🞏 | |
| **3. Panels** | | |  | |  | |  | |
| * FIP in correct location | | | 🞏 | | 🞏 | | 🞏 | |
| * Labelling complete. | | | 🞏 | | 🞏 | | 🞏 | |
| * Battery type and capacity correct | | | 🞏 | | 🞏 | | 🞏 | |
| * ASE monitoring equipment installed and connected | | | 🞏 | | 🞏 | | 🞏 | |
| * FIP manual inside FIP | | | 🞏 | | 🞏 | | 🞏 | |
| * Repeater mimic panel installed | | | 🞏 | | 🞏 | | 🞏 | |
| * Alarm bell installed and working | | | 🞏 | | 🞏 | | 🞏 | |
| **4. Commissioning** | | |  | |  | |  | |
| * ITP checklist fire alarm installation complete | | | 🞏 | | 🞏 | | 🞏 | |
| * ITP checklist for commission of fire alarm interfacing complete | | | 🞏 | | 🞏 | | 🞏 | |
| * Block plan installed | | | 🞏 | | 🞏 | | 🞏 | |
| * As built drawings supplied | | | 🞏 | | 🞏 | | 🞏 | |
| * O & M manual supplied | | | 🞏 | | 🞏 | | 🞏 | |
| **5. NOTES** | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |
|  | | |  | |  | |  | |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**