



SHAKOPEE FIRE DEPARTMENT

Fire & Life Safety for a Growing Community



Certificate of Completion

Fire Alarm Systems and Fire Protection Monitoring Systems

This form must be completed and available to the inspector upon their arrival to conduct a final fire alarm system or fire protection monitoring system performance test.

Location of System

Bus. Name: _____
Address: _____
City/State/Zip: _____
Bus. Phone: _____
Contact Person: _____

System Installer

Bus. Name: _____
Address: _____
City/State/Zip: _____
Bus. Phone: _____
Contact Person: _____

General Information

Alarm Panel Manufacturer: _____ Model: _____
Alarm Panel Location: _____
Annunciator Panel Location(s): _____
Primary Telephone #: _____ Secondary Telephone #: _____
Other Communication Method: _____
Monitoring Company: _____ Phone: _____
Passcode: _____ UL Certificate #: _____
Reset Procedure: _____

Fire Suppression Systems

	Wet or Dry	Inspectors Test Valve Location	Time to Alarm	Test Date	Static Pressure	Residual Pressure
Zone 1						
Zone 2						
Zone 3						
Zone 4						
Zone 5						
Zone 6						
Zone 7						
Zone 8						

Alarm Panel and Detection Equipment Information

Fire Alarm Control Panel (FACP)

	Yes	No	N/A
Does panel indicate normal conditions			
Are all indicating lamps in working order			
Does the trouble light operate			
Do audible panel alarms operate			
Does the silence switch operate			
Are batteries properly installed			
Does panel have zone disable capabilities			

Mailing Address: 129 Holmes Street South – Shakopee, MN 55379 – Phone: 952-233-9570 – Fax: 952-233-3857

Station #1: 2700 Vierling Drive East
firesafety@ShakopeeMN.gov

TTY: 952-233-3837

Station #2: 1001 Vierling Drive West
www.ShakopeeMN.gov

Detection and Notification Appliances

Devices	Quantity	Quantity Tested	Cleaned	OK	Failed
Remote Annunciators					
Zones					
Manual Pull Stations					
Detectors					
Photoelectric					
Ionization					
Thermal					
Flame					
Rate of Rise					
Fixed Temperature					
Duct					
Audible Alarm Devices					
Bell					
Horn					
Horn & Strobe					
Water Flow Switches					
Paddle Type					
Pressure Type					
Tamper Switches					
O.S. & Y. Valves					
Butterfly Valves					
Post Indicator Valve					
Other					

Comments: _____

Did the alarm monitoring company receive the signals? Yes ____ No ____

Documentation and labeling:

- Installing contractor information provided on panel
- Monitoring contractor information provided on panel
- Account number provided on panel
- Circuit breaker location and number provided on panel
- Documentation cabinet provided (SYSTEM RECORD DOCUMENTS)
- All required documents placed into cabinet
- System reset information provided to fire department
- Two keys to the fire alarm system provided to the fire department

Is the alarm system back in service? Yes ____ No ____

Alarm Installer Certification

I, _____, representing the firm _____, have installed the fire alarm system/fire protection monitoring system at the location detailed on this certificate in accordance with the approved plans and nationally recognized standards. I have tested the system in accordance with the manufacturer's specifications and the appropriate NFPA requirements and local ordinances.

Alarm Installer: _____ **Date:** _____