Fire alarm annual inspection report

Laid out for CAN/ULC-S536-2019. Mark anything that does not apply as N/A; leave nothing blank.

1. Building, owner and system information

Who the report is for and which system it covers.

Building name

Building address

Owner or owner's agent

Owner telephone or email

Contractor

Contractor address

Report number

Date of inspection

Control unit make and model

Monitoring station (or "not monitored")

2. Attendance log

Everyone who worked on the inspection, each day on site.

Technician	Certification no.	Date	Time in	Time out

3. Site documentation checklist

What was available at the building.

Description of the fire alarm system, kept at the building	☐ Yes	☐ No	☐ N/A
Previous inspection and test record	☐ Yes	☐ No	☐ N/A
Verification report for the system	☐ Yes	☐ No	☐ N/A
Drawings of the system	☐ Yes	☐ No	☐ N/A
Sequence of operation	☐ Yes	☐ No	☐ N/A
	☐ Yes	☐ No	☐ N/A
	☐ Yes	☐ No	☐ N/A

4. Control unit and transponders

List each item from your copy of the standard.

Item inspected or tested	Clause	Pass / Fail / N/A	Measured value or note

5. Power supplies and batteries

Record the load test with the values you measured.

Battery make and model

Rated capacity (Ah)

Date installed or date code

Charger voltage (V)

Battery voltage before the test (V)

Load applied (A)

Duration of the load (min)

Battery voltage under load (V)

Result (Pass / Fail)

Note

6. Annunciators and remote trouble units

List each item from your copy of the standard.

Item inspected or tested	Clause	Pass / Fail / N/A	Measured value or note

7. Voice communication

Mark N/A where the system has none.

Item inspected or tested	Clause	Pass / Fail / N/A	Measured value or note

8. Field device record

One row for each device.

Tag	Device type	Location	Circuit	Pass / Fail	Measured value or note

Tag	Device type	Location	Circuit	Pass / Fail	Measured value or note

9. Circuit and data communication link tests

List each circuit and link.

Item inspected or tested	Clause	Pass / Fail / N/A	Measured value or note

10. Ancillary devices and interconnections

Devices the fire alarm system operates or monitors.

Item inspected or tested	Clause	Pass / Fail / N/A	Measured value or note

11. Deficiencies

Each deficiency with the clause it relates to.

No.	Device or item	Deficiency	Clause	Date resolved

12. Recommendations

Not deficiencies. Things the owner should consider.

13. Technician declaration and signatures

I inspected and tested the system described in this report and recorded the results in it.

Technician name

Certification number

Signature

Date

14. Owner sign-off

Signed once the deficiencies in section 11 are resolved.

Owner or agent name	Role
Signature	Date