

LOURENCOCONSULTANTS

5171 MacArthur Boulevard, NW
 Washington, DC 20016
 (202) 966-0042
 (202) 966-1534 Fax

FIRE ALARM TEST INFORMATION

| | |
|---------------------|----------------------------------|
| DATE | LCI Proj No. |
| TO | FROM Tebessum Ozkal |
| Organization | Lourenco Consultants |
| FAX No. | Sender's Fax 202-966-1534 |

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| MESSAGE |
| Prior to LCI scheduling the fire alarm acceptance test we will need the following information in order to allocate resources and prepare for performing the test and inspection. Also, please provide a copy of the electrical permit indicating the fire alarm devices to be tested. Please complete this form and fax back to LCI at 202-966-1534. |

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|------------------------|
| Project Address |
|------------------------|

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|--|--|-------------------------------------|--|
| Indicate below the quantity of each type of fire alarm device to be tested. | | | |
| | Manual Pull Stations | | Visual Devices (Strobes) |
| | Audio Devices (Horns, Speakers, Bells, etc.) | | Audio/Visual Devices (Horn/Strobes or Speaker/Strobes) |
| | Area Smoke Detectors | | Beam Detectors |
| | Heat Detectors | | Number of Annunciators |
| | Waterflow Alarm Devices | | Fireman's Phones |
| | Sprinkler Tamper Switches and/or High/Low Air Supervisory Switches | | Number of Panels (Control Panel(s), Extender Panel(s), Etc.) |
| | Duct and/or Plenum Smoke Detectors | | Stairway Pressurization (No. Of Stairs) |
| | Control Functions (Magnetic Door Holders, Electric Locks, Fire Shutters, etc.) | | Specialty Fire Protection Systems (Pre-Action, FM-200, Air Sampling Detection) |
| | Hood and Duct Suppression System(s) | | |
| Indicate if the items below are applicable to the building. | | | |
| Is there a fire pump? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a generator? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Is this a highrise building? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there an atrium (smoke control)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has the system been pre-tested? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Pre-Test: | |