



**UL LLC**

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<b>SN :</b>	

## Fire Alarm System Description Worksheet

<b>PROTECTED PROPERTY</b>		
Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Representative Name (please print): _____		

<b>ALARM SERVICE COMPANY</b>		
File No: _____	Service Center Number: _____	
Name: _____		
Address: _____		
City: _____	State: _____	Zip Code: _____
Representative: Name (please print): _____	Phone Number: ( ) _____	
Representative Title (please print): _____	Fax Number: ( ) _____	

<b>PERIOD OF ISSUANCE</b>		
Note: Issue date must be within the last 30 days or request can't be processed. Certificates may be issued from 1 to 5 years.		
Issue Date: ___/___/___	Expiration Date: ___/___/___	
Old Serial Number (If applicable): _____		
New _____	Renewal _____	Replacement _____

**COMMENTS AND CLARIFICATIONS**

Note: Clarify location or area of coverage, as needed.

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**AREA COVERED**

Note: Buildings, Floors or Area(s) should be listed here

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**ALARM SYSTEM DESCRIPTION SYSTEM TYPE**

System Type: System is installed and maintained in compliance with Standard identified.

Type (Circle One)	NFPA (Circle One)	Edition Year
Central Station	NFPA 71 or NFPA 72	_____
Local	NFPA 72 or NFPA 72A	_____
Auxiliary	NFPA 72 or NFPA 72B	_____
Remote Station	NFPA 72 or NFPA 72C	_____
Proprietary	NFPA 72 or NFPA 72D	_____

**Authority Having Jurisdiction, i.e., Requiring Certification (List Below):**

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**Responding Fire Department (List Below):**

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**Date of Periodic Test Agreement:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (mm/ dd / year)

\* Please note a testing and maintenance contract date is required.

**AUTOMATIC FIRE DETECTION AND ALARM SERVICE**

<b>Type (Circle One)</b>	<b>Description</b>
Total	Detectors are installed in all areas, rooms, and spaces as defined in Standard NFPA 72 or NFPA 72E (National Fire Alarm Code) Chapter 5.
Selected Area	Same code requirements as total coverage but protection is only provided for specifically defined area(s) of the protected property. In addition selected coverage may include smoke detection at control units. <b>Must describe details in Comments and Clarifications Section.</b>
Partial	Deviations from Total or Selected Area Coverage. Protection provided is less than required by the code in some way. Number of devices and locations shall be specified. <b>Must describe details in System Deviations Section.</b>

<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>	<u>Quantity</u>
Smoke Detectors _____	_____ Ion	_____ Photo	
Duct Detectors _____	_____ Ion	_____ Photo	
Heat Detectors _____	_____ ROR	_____ Fixed Temp	_____ Combination
Other: _____	Details: _____		

**SPRINKLER SYSTEM WATERFLOW ALARM AND SUPERVISORY SERVICE**

**Note: If all sprinkler risers and water shutoff valves are not supervised, show in deviations section.**

**Type of System:** \_\_\_\_\_ Wet Pipe \_\_\_\_\_ Dry Pipe

Quantity

\_\_\_\_\_ Waterflow Switches (Includes water pressure type)

\_\_\_\_\_ Sprinkler Valve Supervisory Switches

**Other Supervisory Services:**

Quantity

Quantity

Quantity

\_\_\_\_\_ Water Pressure Devices \_\_\_\_\_ Air Pressure Devices \_\_\_\_\_ Fire Pump Power Devices

\_\_\_\_\_ Water temp Devices \_\_\_\_\_ Room Temp Devices \_\_\_\_\_ Pump Running Devices

\_\_\_\_\_ Water Level Devices \_\_\_\_\_ Other Monitored Suppression Systems (ie - Hood Suppression System) \_\_\_\_\_

**MANUAL FIRE ALARM AND GUARD'S TOUR SUPERVISORY SERVICE**

**Note: If proper number of fire alarm boxes required by Standard is not installed, show in deviations section.**

Quantity

\_\_\_\_\_ Manual Fire Alarm Boxes (Pull Stations)

\_\_\_\_\_ Guard Tour Stations

\_\_\_\_\_ Combination Manual Fire Alarm and Guard Tour Stations

**ALARM NOTIFICATION AND ANNUNCIATION DEVICES**

**Note: If quantity and location of notification devices does not comply with the Standard, show in deviations section.**

Quantity

\_\_\_\_\_ Bells

\_\_\_\_\_ Horns

\_\_\_\_\_ Chimes

\_\_\_\_\_ Visual Signals                      Type:    Light                      Strobe                      Graphic

\_\_\_\_\_ Audible / Visual Signals        Type:    Light                      Strobe                      Graphic

\_\_\_\_\_ Others: \_\_\_\_\_

**EMERGENCY VOICE ALARM SERVICE**

**Note: If quantity and location of devices does not comply with the National Fire Alarm Code or other NFPA 72-Series Standards, show in deviations section.**

Quantity

\_\_\_\_\_ Voice / Alarm Channels

\_\_\_\_\_ Speakers

\_\_\_\_\_ Speaker Zones

\_\_\_\_\_ Telephone or Telephone Jacks Fire Service

**SYSTEM DEVIATIONS FROM REFERENCED NFPA STANDARDS**

**Note: If service provided (i.e., periodic testing, maintenance, response, or coverage) is not in accordance with NFPA Standard specified, the details must be shown in this section.**

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**CONTROL AND TRANSMITTER UNITS**

**Manufacturers and Model Numbers: Indicate model numbers and manufacturers of all control units and transmission devices. Do not include initiating device model numbers.**

Control Unit: Mfg: \_\_\_\_\_ Model \_\_\_\_\_  
Independent Transmitter Mfg: \_\_\_\_\_ Model: \_\_\_\_\_  
(If applicable)

**ALARM TRANSMISSION METHOD**

**Complete for all remote monitoring locations except "NONE"**

Multiplex \_\_\_\_\_ Direct Wire \_\_\_\_\_ Derived Channel \_\_\_\_\_  
Remote Radio System \_\_\_\_\_ Radio Network/Transport System (Two Way) \_\_\_\_\_  
Private Radio System \_\_\_\_\_ Radio Network/Transport System (One Way) \_\_\_\_\_  
Digital Alarm Communicator \_\_\_\_\_ Cellular Digital Alarm Communicator \_\_\_\_\_  
Transmitter (McCulloh) \_\_\_\_\_ Other Transmission Technologies \_\_\_\_\_

**REMOTE MONITORING**

**Monitoring Location: (Circle only one. Choose from UL Listed Central Station, Fire Department, Proprietary, Other or No Remote Monitoring). Indicate your choice by circling the appropriate form of monitoring.**

UL Listed Central Station

File Number: \_\_\_\_\_ Service Center Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

City, State and Zip Code: \_\_\_\_\_

Fire Department Dispatch Center Name: \_\_\_\_\_  
(Use Address box at right)

Proprietary Supervising Station Address: \_\_\_\_\_  
(Use Address box at right)

Other Location As Approved by AHJ City, State and Zip: \_\_\_\_\_  
(Remote Stations only) (Use Address box at right)

**Alarm Retransmission Method to Fire Department: Primary Secondary**

Code Transmitter	_____	_____
Direct Telephone Line	_____	_____
Public Telephone Network	_____	_____
Private Communication System	_____	_____
911 Emergency Services	NA	_____

No Remote Monitoring (Local Systems)