

APPENDIX F
STANDARD FORM OF INSTALLER'S STATEMENT FOR
FIRE ALARM SYSTEM

(Normative)

- 1 Name of premises
- 2 Situated at
- 3 I/We have installed in the above premises
an alteration to the system of.....
a system of
-
-

(Brand name)

- 4 The system is connected to the.....monitoring service provider
- 5 The system incorporates the following ancillary equipment:

.....

.....

- 6 The quiescent load of ancillary equipment is.....
- 7 Primary power voltage and source
- 8 Secondary battery type and capacity.....
- 9 System maintenance agreement details
- 10 Portion/s of premises not protected by this system

- 11 I/We hereby certify that
- (a) the installation is complete and has been thoroughly tested.
 - (b) the system is installed in accordance with the current requirements of AS 1670.1.
 - (c) the system is installed in accordance with attached design specification*.
- Except in regard to the following details*
-
- which have been approved by.....(person)
of.....(organization)

*Strike out the words that are not applicable.

Location of fire indicator panel:Front entrance.....



Zone of protection	Number and type of actuating devices											
Alarm zone	Number of actuating devices per zone	Heat					Fire		Flame		Manual Call Point	Other
		A	B	C	D	E	Smoke	CO	IR	UV		
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
14												
20												
24												
30												
31												
32												
33												
34												
35												
40												
41												
42												
43												
44												
Total Number												

Zone of protection	Number and type of actuating devices											
Alarm zone	Number of actuating devices per zone	Heat					Fire		Flame		Manual Call Point	Other
		A	B	C	D	E	Smoke	CO	IR	UV		
45												
50												
51												
52												
53												
54												
55												
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66												
67												
100												
101												
102												
103												
104												
105												
106												
107												
108												
Total Number												



COMMENTS :

† Add addressable loop number in brackets where applicable.

∇ Indicate with a number in brackets the number of actuating devices in concealed spaces.

Additional information.....

Name.....Signature.....

Company.....Date.....