Record of Completion — Checklist (NFPA 72-Oriented)

This checklist is designed to help contractors and owners verify the items typically reviewed when preparing a Record of Completion for a fire alarm / emergency communication system. It is NOT the NFPA 72 form and does not reproduce NFPA text. Always verify with your AHJ and the applicable code editions.

A. Project Information

Project / Facility: _____

Address: _____

Owner / Rep: _____

Installing Contractor: _____

Designer / PE (if applicable): _____

AHJ / Jurisdiction: _____

Applicable Codes/Standards & Editions (e.g., IBC, NFPA 72, NFPA 70):

_____

Variances / Equivalencies Approved (attach): _____

Date of Final Acceptance Test: _____ Permit #: _____

System Manufacturer & Model(s): _____

B. System Overview

☐ System type(s): ☐ Fire Alarm ☐ ECS/EVACS ☐ Sprinkler Supervisory ☐ Combination

☐ Configuration: ☐ Conventional ☐ Addressable ☐ Networked (nodes: ___)

☐ Pathway class/survivability documented for each circuit/path (e.g., NAC, SLC, audio, control)

☐ Occupancy/use and protection features documented (sprinkler, smoke control, elevators, generators)

☐ Sequence of operations (cause/effect matrix) attached and approved

C. Documentation Package (attach)

☐ As-built drawings reflect final device IDs, addresses, candela, circuit IDs

☐ Battery & voltage-drop calculations (all panels/boosters, audio amps)

☐ Data sheets and listing info for all equipment (UL/FM or equivalent)

☐ Program/configuration printouts and backup file stored with owner

☐ Network map / IP addressing (if applicable)

☐ Monitoring account setup sheet (account #s, format, test schedule)

☐ Inspection, testing, and maintenance schedule provided to owner

☐ Owner/Operator manual and quick-reference provided

D. Installation Verification

☐ All circuits labeled at terminations; panels, PSs, boosters labeled and grounded per NFPA 70

☐ Conductor type/gauge complies with design; splices in listed enclosures; end-of-line devices installed

☐ Device addressing unique and matches drawings / labeling in field

☐ SLC/NAC routing per survivability and separation requirements; pathway class documented

☐ Notification appliance settings (candela, tap) recorded on drawings

☐ Environmental suitability confirmed (temperature, humidity, airflow per device listings)

E. Functional Testing — Initiating Devices

☐ Manual stations operated and reported correctly

☐ Smoke detectors function-tested (permitted methods); sensitivity within range where required

☐ Heat detectors tested per listing (heat gun or method approved by manufacturer)

☐ Duct detectors: remote test/reset verified; air switch orientation/labeling verified

☐ Waterflow switches operated; retard settings recorded; tampers supervised

☐ Special detection (beam, aspiration, gas/CO) tested and interfaced correctly

F. Functional Testing — Notification & Audio

☐ Each NAC/AUX output tested for alarm current and supervision; voltage drop within limits

☐ All horns/strobes/speakers operate as intended; synchronization verified where required

☐ Voice/EVAC: message selection, live mic, and priority logic verified

☐ Intelligibility tested where required (record STI/CIS results or method per AHJ)

G. Emergency Control Functions / Interfaces

☐ Elevator recall/shunt trip (heat) tested with elevator contractor

☐ Door release / magnetic locks / access control fail-safe operation verified

☐ HVAC shutdown and smoke dampers operate per sequence; fan status/feedback supervised

☐ Smoke control system (if provided): automatic/manual modes, feedback, and graphics verified

☐ Fire pump / preaction / deluge / suppression systems interface verified

☐ Generator, gas valve, and other ancillary controls tested

H. Supervising Station / Communications

☐ Monitoring account(s) established; receiver format verified (e.g., Contact ID / IP)

☐ Primary and secondary paths proven (cell/IP/POTS); path-loss troubles report correctly

☐ Alarm, supervisory, trouble, open/close (if used) received with correct account/zone/partition

☐ Test signal schedule established with central station and posted for the owner

I. Power & Batteries

☐ Primary power meets nameplate rating; dedicated branch circuit with disconnecting means identified

☐ Secondary power calculations meet standby + alarm duration requirements; batteries installed & dated

☐ Measured battery terminal voltage after standby test recorded

☐ Audio amplifiers / booster supplies on required standby; charger faults supervised

J. Annunciation / Graphics

☐ Remote annunciators / graphic displays programmed; locations and priorities verified

☐ Event printout/log (if used) operational; time/date set and stable

☐ Point text and device descriptions are owner-friendly and consistent

K. Closeout & Turnover

☐ Owner training completed (basic operation, acknowledge/silence/reset, impairment handling)

☐ Impairments cleared; all disables/bypasses restored

☐ Spare devices/fuses and special tools delivered (if required)

☐ Record documents delivered: as-builts, program backup, manuals, test reports

☐ Maintenance & inspection plan reviewed with owner

L. Sign-Offs

Installing Contractor (Name/Sign/Date):

_____

Owner/Representative (Name/Sign/Date):

_____

Monitoring Company (if applicable) (Name/Sign/Date):

_____

AHJ Final Approval (if applicable) (Name/Sign/Date):

_____

Note: This checklist is an original aid intended to help organize acceptance documentation. It is not a substitute for the official Record of Completion form required by your AHJ.