HALIFAX REGIONAL FIRE & EMERGENCY SERVICE

FIRE SAFETY SYSTEMS INSPECTION SHEET

Form FP-377

Building Name: _____

Civic Address: _____ Unit: _____

Owner/Occupant: _____ Phone: _____

	YES	NO
ANNUAL EMERGENCY LIGHTING INSPECTION		
Emergency Lighting is fully functional and inspected and tested in conformance with		
• CAN/CSA C282, "Emergency Electrical Power Supply for Buildings".	☐	☐
• NFC 6.5.1.6 and CSA C22.2 No 141, "Unit Equipment for Emergency Lighting".	☐	☐
DATE _____ **COMPANY NAME** _____		
TECHNICIAN (PRINT) _____ **TECHNICIAN (SIGNATURE)** _____		
ANNUAL FIRE ALARM SYSTEM INSPECTION		
• Fire Alarm System is fully functional and inspected and tested in conformance with CAN/ULC-S536, "Inspection and Testing of Fire Alarm Systems".	☐	☐
• Is the Fire Alarm System Monitored?	☐	☐
• Is the Fire Alarm System Required to be Monitored?	☐	☐
DATE _____ **COMPANY NAME** _____		
TECHNICIAN (PRINT) _____ **TECHNICIAN (SIGNATURE)** _____		
WATER-BASED FIRE PROTECTION SYSTEM INSPECTION		
• Sprinkler System is fully functional and inspected and tested in conformance with NFPA 25, "Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems".	☐	☐
• Standpipe & Hose Systems are fully functional and inspected and tested in conformance with NFPA 25.	☐	☐
• Private Hydrants are fully functional and inspected and tested in conformance with NFPA 25.	☐	☐
DATE _____ **COMPANY NAME** _____		
TECHNICIAN (PRINT) _____ **TECHNICIAN (SIGNATURE)** _____		
SEMI-ANNUAL EXHAUST HOOD CANOPY & FIXED FIRE EXTINGUISHING SYSTEM INSPECTION		
• Exhaust Hood Canopy & Fixed Fire Extinguishing System is fully functional and inspected and tested in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations".	☐	☐
• Is a "K" Class Portable Fire Extinguisher installed in conformance with NFPA 10, "Portable Fire Extinguishers"?	☐	☐
• Is a "K" Class Portable Fire Extinguisher required to be installed as per the NFPA 10?	☐	☐
DATE _____ **COMPANY NAME** _____		
TECHNICIAN (PRINT) _____ **TECHNICIAN (SIGNATURE)** _____		