



Fire Safety System Inspection Report

FIRE PREVENTION DIVISION – FORM FP-377 Rev2

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| Building Name: | |
| Civic Address: | Unit: |
| Owner/Occupant: | Phone: |

| ANNUAL EMERGENCY LIGHTING INSPECTION | | YES | NO | CORRECTED |
|--------------------------------------|--|-----|----|-----------|
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Emergency Lighting is fully functional, inspected and tested in conformance with:

- | | | | |
|--|--------------------------|--------------------------|--|
| 1. Generator - CAN/CSA C282, "Emergency Electrical Power Supply for Buildings" | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Battery Packs - NFC 6.5.1.6(2) and CSA C22.2 No 141, "Unit Equipment for Emergency Lighting" | <input type="checkbox"/> | <input type="checkbox"/> | |

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| Deficiencies in the system at time of inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|-------------|---------------|
| DATE: | COMPANY NAME: |
| TECHNICIAN: | SIGNATURE: |

| ANNUAL FIRE ALARM SYSTEM INSPECTION | | YES | NO | CORRECTED |
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| Fire Alarm System is fully functional, inspected and tested in conformance with CAN/ULC-S536, "Inspection and Testing of Fire Alarm Systems". | <input type="checkbox"/> | <input type="checkbox"/> | |
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| The Fire Alarm System Monitored as per the requirements of CAN/ULC S561 | <input type="checkbox"/> | <input type="checkbox"/> | |
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| The Fire Alarm System Required to be Monitored | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Deficiencies in the system at time of inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|-------------|---------------|
| DATE: | COMPANY NAME: |
| TECHNICIAN: | SIGNATURE: |

| WATER-BASED FIRE PROTECTION SYSTEM INSPECTION | | YES | NO | CORRECTED |
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| Sprinkler System is fully functional, inspected and tested in conformance with NFPA 25, "Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems" | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Standpipe & Hose Systems are fully functional, inspected and tested in conformance with NFPA 25 | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Private Hydrants are fully functional, inspected and tested in conformance with NFPA 25 | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Deficiencies in the system at time of inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|-------------|---------------|
| DATE: | COMPANY NAME: |
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| SEMI-ANNUAL EXHAUST HOOD CANOPY & FIXED FIRE EXTINGUISHING SYSTEM | | YES | NO | CORRECTED |
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| Exhaust Hood Canopy is fully functional, cleaned, inspected and tested in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations" | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Fixed Fire Extinguishing System is fully functional, inspected and tested in conformance with NFPA 96, "Ventilation Control and Fire Protection of Commercial Cooking Operations" | <input type="checkbox"/> | <input type="checkbox"/> | |
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| "K" Class Portable Fire Extinguisher installed in conformance with NFPA 10, "Portable Fire Extinguishers" | <input type="checkbox"/> | <input type="checkbox"/> | |
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| "K" Class Portable Fire Extinguisher required to be installed as per NFPA 10 | <input type="checkbox"/> | <input type="checkbox"/> | |
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| Deficiencies in the system at time of inspection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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|-------------|---------------|
| DATE: | COMPANY NAME: |
| TECHNICIAN: | SIGNATURE: |