

RETURN COMPLETED CONTRACTOR FORMS TO:

NAME OF BUILDING:

ADDRESS OF BUILDING:

TYPE OF OCCUPANCY (SPECIFIC USE):

Date _____

BERMUDA FIRE & RESCUE SERVICE FIRE PREVENTION DIVISION #49 King Street, Hamilton Bermuda, HM19

TELE: (441) 292-5555 EMAIL: fireprotection@gov.bm

Signature_____

The following life safety systems have been inspected and or tested by contractors licensed to maintain each of the systems for proper operation as required by the Fire Safety Act 2014 and National Fire Protection Association (NFPA) standards. Contractor certification forms for each of the applicable system must be attached to this sheet.

NAME OF OWNER OR A	GENT:								
ADDRESS OF OWNER O	OR AGENT:								
OWNER OR AGENT TEL	EPHONE:								
OWNER OR AGENT EM	AIL ADDRESS:								
LIFE SAFETY SYSTEM	NFPA CODE REFERENCE	FREQUENCY OF TEST	CURRENT SYSTEM STATUS (circle one)			REQUIRED TAGS PROVIDED (circle one)		CONTRACTOR CERTIFICATION FORMS ATTACHED (circle one)	
FIRE ALARM	72	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
FIRE SPRINKLER	13,25	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
STANDPIPES	14,25	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
FIRE PUMP	20,25	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
SMOKE CONTROL / EVAC.	90A, 92B	ANNUALLY / SEMIANNUAL	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
FIRE SUPPRESSION	12,12A,17, 2001	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
HOOD SUPPRESSION	96	SEMIANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
FIRE EXTINGUISHERS	10	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO
EMERGENCY GENERATORS	110	ANNUALLY	N/A	OPERATIONAL	NOT OPERATIONAL	YES	NO	YES	NO

NOTE: A record/log shall be maintained for each of the listed systems, and a tag or sticker be placed on the system control panel (if applicable) showing the date, telephone number and name of the company performing the inspection and/or test.