

ITP No. : \_\_\_\_\_  
 Inspection Gr. : \_\_\_\_\_  
 Report No. : \_\_\_\_\_  
 Date : \_\_\_\_\_

## FILED INSPECTION REPORT

### Quality Control Form

Inspection Type :  <b>INSPECTION FIRE ALARM SYSTEM</b>	Work No. : _____		
	Unit No. : _____		
	Item No. : _____		
	Location : _____		
Inspection Notice No. :	Date / Names / Signature		
Drawing No(s) :	Company	Contractor	Subcontractor
J/B No. / Cabinet No. :	/ /	/ /	/ /
Manufacture :			
:			
:			

1. Installation inspection :

No.	Item to Check	Result	Remarks
1	Check conformity of Equipment (detector, call point, sounder, alarm panel, etc ...) and device installation to specification and drawing.		
2	Visual check of system equipment and devices for any mechanical damages.		
3	Check zone number of circuit with reference to drawing.		
4	Check installation of conduit correct with drawing.		
5	Check cables and glands, weather proofing etc.		
6	Check termination of equipment as per cabinet schedule.		
7	Check connection of earthing system.		
8	Check functional test of each detectors.		
9	Check functional test of each call point.		
10	Check functional test of each sounders.		

Remarks :

Legend      N.A: Not Applicable

## FILED INSPECTION REPORT

ITP No. : \_\_\_\_\_  
 Inspection Gr. : \_\_\_\_\_  
 Report No. : \_\_\_\_\_  
 Date : \_\_\_\_\_

Inspection Type :  <div style="text-align: center;"><b>INSPECTION FIRE ALARM SYSTEM</b></div>	Work No. : _____ Unit No. : _____ Item No. : _____ Location : _____												
Inspection Notice No. : _____	Date / Names / Signature												
Drawing No(s) : _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">Company</td> <td style="width: 33%;">Contractor</td> <td style="width: 33%;">Subcontractor</td> </tr> <tr> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> <td style="text-align: center;">/ /</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> <td></td> </tr> </table>	Company	Contractor	Subcontractor	/ /	/ /	/ /						
Company	Contractor	Subcontractor											
/ /	/ /	/ /											
Manufacture : _____													
Type : _____													
Serial No. : _____													
Test Equipment : _____													

### 1. Installation inspection :

No.	Item to Check	Result	Remarks
1	Check nameplate installed and correct.		
2	Check of type LCS is correct.		
3	Check range of Ammeter is correct.		
4	Check installation location correct as per drawing.		
5	Check mounting height or stanchion height.		
6	Check touch-up painting of supports or stanchion.		
7	Check any mechanical damages during or after installation.		
8	Check operation of lock facility.		
9	Check conduit installed correctly.		
10	Check cable connection and glanding tight.		
11	Check wiring correct and cable tag, installed.		
12	Check grounding connection correct.		
13	Check function : 1) Test voltage		
	2) Eath impedance test current		
	3) Each pole to earth (Record Min. Value)		
	4) Earth return path impedance measured		

Remarks :