

COMMISSIONING

Integrated Systems Testing of Fire Protection and Life Safety Systems

_____ on behalf of
Name of Company or the Integrated Testing Coordinator

_____ was designated
Name of Property Owner or Designer

as the Integrated Testing Coordinator (ITC) at:

Project Address

This test was carried out as required by Article 3.2.9 of Division B of the National Building Code of Canada 2015, and in accordance with the appropriate standard noted below.

_____ hereby confirms that
Name of Company or the Integrated Testing Coordinator

On _____, the integrated testing was performed to ensure proper operation and
Month / Day / Year

inter-relationship between the systems as per the designs and found to be fully operational in accordance with:

1. The NBCC 2015, and
2. CAN/ULC S1001-11 Standard for Integrated Systems Testing of Fire Protection and Life Safety Systems.

Note: Interconnection between the following integrated systems was subject to the test:

<input type="checkbox"/> Fire alarm systems,	<input type="checkbox"/> Elevator recalls,
<input type="checkbox"/> Sprinkler & standpipes systems,	<input type="checkbox"/> Emergency power,
<input type="checkbox"/> Fire pumps,	<input type="checkbox"/> Emergency lighting,
<input type="checkbox"/> Electromagnetic locks,	<input type="checkbox"/> Smoke & fire shutters and dampers,
<input type="checkbox"/> Door hold-open devices,	<input type="checkbox"/> Smoke control, ventilation, pressurization,
<input type="checkbox"/> Kitchen fire suppression	<input type="checkbox"/> Other

*(Include applicable reports only)

Note: Modifications to the integrated system after _____ will invalidate this Certificate.
Month / Day / Year

Print Name of Integrated Testing Coordinator

Signature of Integrated Testing Coordinator