



FIXED AEROSOL FIRE EXTINGUISHING SYSTEM INSPECTION & TESTING

Date	Application No.
Project / Establishment Name	
Building Permit No. / Commercial Register No.	PIN *

Building No	رقم المبنى		
Area	منطقة	Street	شارع
Unit No	رقم الوحدة		

Checklist	Inspected & Tested
	Passed
Installation/maintenance is as per approved QCDD drawing and manufacturer's recommendation	
System is operational	
Protected room is properly labeled	
Interfaced with FACP	

MODES OF OPERATION

AUTOMATIC OPERATION	Inspected & Tested
	Passed
First alarm test (1 st device activation)	
Second alarm test (2 nd device activation)	

MANUAL OPERATION	Inspected & Tested
	Passed
Activation of manual release station.	

ABORT OPERATION	Inspected & Tested
	Passed
Activate the abort switch during the pre-discharge time delay period	

Item No.	Protected Room	Floor Level Location
01		
02		
03		
04		
05		
06		
07		
08		
09		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

Item No.	Protected Room	Floor Level Location
21		
22		
23		
24		
25		
26		
27		
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40		

Declaration and Acknowledgement

1. We hereby declare that the information filled-up on this form is true and correct and that all system and equipment are installed/operational in accordance with approved QCDD drawings, NFPA, QCDD codes & standards, and Maintenance Manual and/or manufacturer recommendation.

2. The building is ready for QCDD inspection/assessment and successfully completed all necessary Inspection, Testing and Maintenance Work in accordance with NFPA, QCDD codes & standards.

QCDD Approved Engineer
(Printed Name with Signature, Stamp & Date)

ID No. & Mobile No.

Facility Manager / Owner's Representative / Consultant *
(Printed Name with Signature, Stamp & Date)

UPDA No.* / ID No. & Mobile No.

Note: *Required/mandatory for Building Completion