



## EMERGENCY POWER SUPPLY 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		

### GENERATOR DATA

Generator No.	Location	
Manufacturer	Rated Power	kVA
Model No.	Rated Power	kW
Serial No.	Rated Voltage	volts
Class (Minimum Operating Time)	Type (Power Restoration)	Level (Level 1 – Critical / Level 2 – Less Critical)
Testing of Change-Over		Protection System for Generator
Transfer time of Generator for power restoration	seconds	

Type	Inspected & Tested	Essential Loads	Inspected & Tested
	Passed		Passed
Exit Signs		Electric Fire Pump (Standby)	
Emergency Lightings		Smoke Control System	
Fireman's Lift		Others:	
Others:		Others:	

## 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