

CERTIFICATE OF TESTING

STATUS	
Pass	<input type="checkbox"/>
Fail	<input type="checkbox"/>
NCR attached	<input type="checkbox"/>
Log book	<input type="checkbox"/>
Log book signed	<input type="checkbox"/>
Left in working order	<input checked="" type="checkbox"/>

Contract number:

Engineer report number: **19648**

Client:

Site address:
Nobel House
4 Queensway.
Redhill.

Order number:

Date: **05 / 01 / 2021**

Saturday Sunday

Bank holiday Other

Major Service Minor Service Commissioning Call out Extra

I = Inspected F = Fault N/P = Not possible

FIRE DETECTION EQUIPMENT	I	F
Link to C/S	<input type="checkbox"/>	<input type="checkbox"/>
Panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beam detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smoke detectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat detectors	<input type="checkbox"/>	<input type="checkbox"/>
Remote indicators	<input type="checkbox"/>	<input type="checkbox"/>
Repeaters/Mimics	<input type="checkbox"/>	<input type="checkbox"/>
Analogue levels	<input type="checkbox"/>	<input type="checkbox"/>
Bells/Sounders	<input type="checkbox"/>	<input type="checkbox"/>
Break glass units	<input checked="" type="checkbox"/>	<input type="checkbox"/>
End of line units	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fault monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>

COMMENTS/RECOMMENDATIONS

Attended site to carry out Biannual AOV + Fire Alarm service and 1 hour emergency lighting test. Tested all vents onsite - All tested okay and left closed. Found that both firemans overrides on Staircore by lifts had been tampered with and pulled off of the wall - likely

AOV SYSTEMS	N/P	I	F
Control equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Break glass units	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Smoke detectors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Window actuators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Door actuators	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Link to house system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof vents	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Magnet locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary outputs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Release switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rain sensors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WORKS OUTSTANDING

to stop beeping after activation - Refitted and tested - All okay. Tested Bin store on fire alarm - All tested okay - System left healthy. Light failures recorded on separate Report.

POWER SUPPLIES	I	F
Battery on charge	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery on load	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mains failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery failure	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fixed wiring	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery age 17/18/19	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Power supplies	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

All okay

MATERIALS USED		Order number:
Quantity	Description	

EMERGENCY LIGHTING	I	F
3 hour discharge	<input type="checkbox"/>	<input type="checkbox"/>
1 hour discharge	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Visible LED's witnessed	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dilapidation report completed	<input type="checkbox"/>	<input type="checkbox"/>

Time on site : _____ Time off site : _____ Hours

Client: **NOA**
 Date: _____
 Signature: _____

Engineer: **ZStone**
 Date: **05 / 01 / 2021**
 Signature: _____

For official use only.

EMERGENCY LIGHTING – TEST RECORD

(BS5266 Compliant)

PROPERTY: Nobel House, Redhill

BUILDING

PO NUMBER:

REPORT NO: 19648

6 MONTH TEST
1 HOUR DURATION

12 MONTH TEST
3 HOUR DURATION

DEFECTS NOTED

DATE	LOCATION	FAULT IF KNOWN
<u>05/01/2021</u>	<u>SC2.21</u>	<u>GT</u>
	<u>5.30</u>	<u>GT</u>
	<u>5.16</u>	<u>GT</u>
	<u>4.26</u>	<u>RM</u>
	<u>4.16</u>	<u>GT</u>
	<u>4.06</u>	<u>RM</u>
	<u>4.31</u>	<u>GT</u>
	<u>4.46</u>	<u>RM</u>
	<u>SC2.09</u>	<u>GT</u>
	<u>SC2.13</u>	<u>GT</u>
	<u>3.35</u>	<u>GT</u>
	<u>3.04</u>	<u>GT</u>
	<u>2.21</u>	<u>GT</u>
	<u>2.06</u>	<u>RM</u>
	<u>2.27</u>	<u>GT</u>
	<u>2.39</u>	<u>GT</u>
	<u>SC2.05</u>	<u>GT</u>
	<u>1.51</u>	<u>RM</u>
	<u>2.49</u>	<u>GT</u>
	<u>1.18</u>	<u>GT</u>
	<u>1.22</u>	<u>GT</u>
	<u>SC3.04</u>	<u>Bulkhead Rectangle</u>
	<u>SC3.02</u>	<u>GT</u>
	<u>SC3.01</u>	<u>GT</u>