

FIRE DETECTION AND ALARM SYSTEM COMMISSIONING CERTIFICATE

DETAILS OF THE CLIENT

Client: *Anglo Overseas*

Address: *Red House Industrial Estate
 Middlemore Lane West
 Aldridge, Walsall West Midlands* Postcode: *WS9 8BM*

DETAILS OF THE FIRE DETECTION AND ALARM SYSTEM

Address: *Anglo Overseas* Postcode: _____

Extent of the installation covered by this certificate: *Red House Industrial Estate
 Middlemore Lane West
 Aldridge, Walsall West Midlands WSM 8BM*

The system is:
 New:
 An Addition: *N/A*
 An Alteration: *N/A*

SYSTEM EXAMINATIONS AND RECOMMENDATIONS

Tick box or insert N/A (Not Applicable), as appropriate

All equipment operates correctly.

Installation work is, in so far as can reasonably be ascertained, of an acceptable standard.

The entire system has been inspected and tested in accordance with the recommendations of Clause 39.2c of BS5839-1: 2002.

The system performs as required by: *ABC-Ltd* a copy of which I/we have been given: *none*

Taking into account the guidance contained in section 3 of BS5839-1: 2002, I/we have not identified any obvious potential for an unacceptable rate of false alarms.

The documentation described in Clause 40 of BS5839-1: 2002 has been provided to the user.

The following work should be completed before/after (delete as applicable) the system becomes operational.
none

The following potential causes of false alarms should be considered at the time of the next service visit.
none

Before the system becomes operational, it should be soak tested in accordance with the recommendations of Clause 35.2.6 of BS5839-1: 2002 for a period of:
36 weeks

(Enter a period of either one week, such period as required by the specification, or such period as recommended by the signatory to this certificate, whichever is the greatest, or insert N/A if not applicable)

* Continue on additional numbered pages as required

CERTIFICATION OF COMMISSIONING

I/We, being the competent person(s) responsible (as indicated by my/our signatures below) for the commissioning of the fire alarm system, particulars of which are set out above, CERTIFY that the said work for which I/we have been responsible complies to the best of my/our knowledge and belief with the recommendations of Clause 39 of BS 5839-1:2002, except for the variations, if any stated in this certificate.

Variations from the recommendations of Clause 39 of BS 5839-1:2002 (see BS 5839-1 Clause 7).

none

* Continue on additional numbered pages as required

The extent and liability of the signatory/signatories is limited to the system described above. For the COMMISSIONING of the system:

Name: *ANDREW KINSEY* Position: *MD* Signature: *A Kinsey* Date: *24/06/04*

PARTICULARS OF THE ORGANISATION COMMISSIONING THE SYSTEM

Organisation: *Your Company Name*

Address: *Address 1
 Address 2
 Town County* Postcode: *POSTCODE*

DESIGN SPECIFICATION AND RELATED REFERENCE DOCUMENTS

Design Specification Ref No:	<i>Des-345</i>	Date issued:	<i>06/04/04</i>	Electrical Installation Certificate No:	<i>EIC-87690</i>	Date issued:	<i>06/04/04</i>
Design Drawings Ref Nos:	<i>DesDrg-5</i>	Date issued:	<i>06/04/04</i>	Fire Alarm Design Certificate No:	<i>F-ALL</i>	Date issued:	<i>06/04/04</i>
'As Fitted' Drawing Nos:	<i>ASF-73</i>	Date issued:	<i>06/04/04</i>	Fire Alarm Installation Certificate No:	<i>F-OFF</i>	Date issued:	<i>06/04/04</i>