



FIRE PUMP TEST CERTIFICATE

Building Permit # _____ Municipal Address of Project: _____

Complete the following information during installation and testing of your fire pump system and prior to the witness test being conducted by the building inspector. Any items marked 'No' must be explained on a separate report.

FIRE PUMP DATA	Model	Capacity	Pressure	Motor
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1. Type of emergency source of power: Battery Pack Generator Other _____
2. a) Fire pump is capable of operating under full load for two hours where the building is within the scope of section 3.2.6. of the Ontario Building Code? Yes or No
or
b) Fire pump is capable of operating under full load for 30 minutes Yes or No
3. Fire pump face rotation is correct, suction side has been verified Yes or No
4. Compound suction gauge 3 1/2" with isolating valve on suction side Yes or No
5. Discharge pressure gauge 3 1/2" with isolating valve on discharge side Yes or No
6. Casing relief valve installed on discharge side, piped to drain & before the check valve. Yes or No
7. Air release valve installed on the discharge side of fire pump Yes or No
8. O.S. & Y. valve installed on the suction side of fire pump Yes or No
9. Power by public utilities, service connection located to minimize damage by fire and exposing hazards Yes or No
10. Transfer of power is within the room containing the fire pump Yes or No
11. Transfer switch specifically listed for the fire pump Yes or No
12. Transfer switch dedicated to each fire pump Yes or No
13. Fire pump feeder protected by a 1 hour fire resistance rating Yes or No
14. Power supply to the fire pump via a separate transformer Yes or No
15. Each line between the power source and the fire pump has been sized at 125% of the sum of full load of fire pump, jockey pump & auxiliary loads Yes or No
16. Motor rated for continuous duty Yes or No
17. Controller listed and located within sight of motors and close to motors Yes or No
18. Fire pump controller is listed, labeled and serves fire pump only Yes or No
19. Fire pump annunciation on fire alarm panel and valves supervised Yes or No
20. Fire pump has a manual shut down Yes or No

The undersigned hereby certifies that the above fire pump system has been tested and that the system has been installed and operates in accordance with the C.S.A. and/or U.L.C. listing and meets all of the requirements and provisions of the Ontario Building Code, as amended, including NFPA 20 where the fire pump has a rated net head pressure greater than 280 kPa (40.6 psi)

Name of Installing Company: _____ Telephone No. _____

Signature of Installer: _____ Date: _____

Building Owner or
Owner's Representative: _____ Signature: _____ Date: _____

Send to: The Corporation of the City of Markham,
Building Standards Department

101 Town Centre Blvd., Markham, Ontario L3R 9W3 (905) 477-7000 ext. 3170, Fax (905) 415-7501

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