

Take Off

For Submittal Package

Salesman: _____

Date: _____

Expected Completion Date: _____

Fire Alarm System Design Form

Project Information

*Fire Alarm Contractor Name: _____

Project Number: _____

*Name of Project: _____

*Fully Sprinkled: Yes No

*Address: _____

FACP Monitored: Yes No

*City, State & Zip: _____

Monitoring Type: _____
POTS, VOIP, RADIO, CELLULAR

Suite #: _____

Construction Type: _____
Remodel, New, One for One

*Submit To (AHJ): _____

Occupancy Class: _____

NFPA 72: _____ Year IFC: _____ Year

Initiating Circuit Class: _____
A, B Gauge: _____
16, 18, 14, 12

IBC: _____ Year NEC: _____ Year

NAC Circuit Class: _____
A, B Gauge: _____
16, 18, 14, 12

Fire Alarm Equipment

*Fire Alarm System Type: _____
Intelligent, Conventional

Special System Type: _____
Voice Evacuation, Suppression

*FACP Manufacture: _____

Power Supply Make: _____

FACP Model: _____

Power Supply Model: _____

*FACP Location: _____

Power Supply Location: _____

Initiating Device Make: _____

Notification Make: _____

Annunciator Make: _____

A/V Mounting Type: _____
Ceiling, Wall

Voice Evacuation System

Evac Panel Make: _____

Evac Speaker Make: _____

Evac Panel Model: _____

Evac Panel Location: _____

Design Notes - Check Boxes That Pertain To Project

Full Notification Coverage: Duct Detectors: General Alarm: Pulls Stations 100%:

Full Smoke Coverage: Corridor Smoke Coverage Only: Floor Above Floor Below: (1) Pulls Stations:

Kitchen Hood: Minihorns: Sounder Bases: Door Holders upstairs:

SD Protocol: 1-127 Sk Protocol: 99 Low Frequency Yes No

For Office Use Only

Number of Prints: _____

AHJ: _____

Wet or Digital Signatures: _____
Wet/ Digital Signature

Shunt Trip: _____
Yes/ No

CD/ Flash Drive: _____

Check List: _____
Yes/ No

Design Notes: _____