



SFFD STATEMENT OF COMPLIANCE

SYSTEM RECORD OF INSPECTION AND TESTING

This Statement of Compliance (SOC) form shall be filed with the San Francisco Fire Department every other year after the initial filing deadline per San Francisco Fire Code, Section 907.8.5. The SOC form shall also be posted in a common area on each floor of the building and will be made available for review on the sf-fire.org website.

*This form shall be completed by the system inspection and testing contractor at the time of a system test.
Insert N/A in all unused lines.*

1. PROPERTY INFORMATION

Name of property: _____
 Address: _____
 Description of property: _____
 Name of property representative: _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: _____ License# _____
 Address: _____
 Phone: _____ Fax: _____ E-mail: _____
 Monitoring organization: _____

3. DOCUMENTATION

On-site location of the required record documents and/or site-specific software: _____

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: _____ Model number: _____

5. TESTING RESULTS *(Insert N/A in all unused lines)*

5.1 Control Unit and Related Equipment

Description	Visual Inspection (yes/no)	Functional Test (yes/no)	Comments
Control unit			
Lamps/LEDs/LCDs			
Fuses			
Trouble signals			
Disconnect switches			
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators			
Remote power panels			
Battery condition			

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

5.2 Alarm and Supervisory Alarm Initiating Devices

Description	Visual Inspection	Functional Test	Comments
Smoke Detectors			
Heat Detectors			
Pull Stations			
Water Flow			
Tamper Switches			

5.3 Notification Appliances

Description	Visual Inspection	Functional Test	Comments
Horns/Bells			
Strobes			
Horn/Strobes			
Speaker/Strobes			
Speakers			

5.4 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal				
Alarm restoration				
Trouble signal/restoration				
Supervisory signal/restoration				

Attach additional sheets, data, or calculations as necessary to provide a complete record.

6. SYSTEM TEST INFORMATION

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

7. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, Chapter 14.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

8. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

8.1 Compliance with SFFC 1103.7.6.1- Sleeping Area Requirements (Due no later than July 1, 2021)

This building's fire alarm system does or does not (check one) comply with SF Fire Code, Section 1103.7.6.1- "Sleeping Area Requirements" for alarm sound levels at sleeping areas in R-2 buildings per NFPA72 (2013 edition).

8.2 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: _____

Mail completed form to: **SFFD, Statement of Compliance**
698 2nd Street, Room 109
San Francisco, CA 94107