



# EMERGENCY POWER TEST CERTIFICATE

as authorized by the Building Code Act S.O. 1992 c.23, as amended, s. 18(1)

Building Permit # \_\_\_\_\_ Date: \_\_\_\_\_

Municipal Address of Project: \_\_\_\_\_ Complete  the following:

1. Type of emergency source of power: Battery Pack  Generator  Other  \_\_\_\_\_

2. What equipment is connected to the emergency source of power?

- Fire Alarm System
- Exit Signs
- Fire Pumps
- Firefighters Elevator
- Other \_\_\_\_\_
- Voice Communication System
- Emergency Lighting
- Smoke Exhaust Fans and Equipment (door operators)
- Pressurization Fans

3. a) Is an automatic battery charging unit installed?  Yes or  No Comments: \_\_\_\_\_

b) If yes, is this unit supervised?  Yes or  No Comments: \_\_\_\_\_

→ When a generator has been installed, please complete items 4 to 9

4. a) What type of fuel is used? \_\_\_\_\_ (b) Size of storage tank \_\_\_\_\_

c) Capacity of generator \_\_\_\_\_ (d) Estimated fuel consumption per hr. \_\_\_\_\_

e) Separate fuel supply for natural gas-fueled generator (not connected to building supply)  Yes  No

5. Emergency battery-operated unit light installed inside generator room  Yes  No

6. a) The generator been tested?  Yes  No

b) For how long was the test conducted? \_\_\_\_\_

c) Emergency power restored to operate the systems in item No. 2 above within 15 s.?  Yes  No

d) Sign has been installed on the door to the room advising occupants that 'Equipment inside may start with-out warning.'  Yes  No

7. The generator has been successfully tested with all the equipment in operation that is required to be supplied from the emergency power source?  Yes  No

8. Generator engine has been electrically supervised on the fire alarm control panel.  Yes  No

9. Manufactures load test certificate submitted.  Yes  No

The undersigned hereby certifies that the above tests have been conducted properly, and that the system(s) 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.

Company Name: \_\_\_\_\_ Installer's Name: \_\_\_\_\_

Company Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Building Owner or

Owner's Representative: \_\_\_\_\_ Position: \_\_\_\_\_

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  
(Revised July 2009)