



TESTING OF INTEGRATED FIRE PROTECTION AND LIFE SAFETY SYSTEMS CERTIFICATE

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

Building Permit # _____ Municipal Address of Project: _____

The building owner shall have this form completed by the appropriate professional(s) or the Integrated Testing Coordinator and submit the form to the Building Inspector prior to any witness tests being conducted by the City of Markham, Building Standards Department. Refer to Markham Builder Tip 100 - 2020 for additional information and requirements.

Scope of the type of integration: New Integrated Systems or Retro-Integrated Systems

Copy of the Integrated Testing Report Attached: Yes or No

Interconnection between the following integrated systems were subject to the test:

Systems Integrated	Yes	No	N/A
Fire Alarm System (including sequence of operation)			
Mass Notification System			
Elevators			
Emergency Elevators			
Audio/Visual and/or Lighting Control Systems			
Notification Systems			
Sprinkler Systems			
Standpipe Systems			
Fire Pumps			
Water Supplies			
Water Supply Control Valves			
Freeze Protection Systems			
Fixed Fire Suppression Systems			
Cooking Equipment Fire Suppression Systems			
Electromagnetic Locking Devices			
Smoke Control Pressurization Systems			
Smoke Control Smoke Exhaust Systems			
Hazardous Protection Monitoring			
Smoke Alarms			
Dust Collection Systems			
Spark Arrest Systems			
Other:			
Other;			

If the answer is 'NO' to any of the above, please provide an explanation. N/A means the system is not within the building.

<p>The undersigned hereby confirms the above systems function according to the intent of their design and that the fire protection and life safety functions of these systems have been tested as a whole in accordance with CAN/ULC-S1001 to verify the systems are properly integrated as per Article 3.2.10.1.(1) of the Building Code. The systems are ready for witness testing by the City of Markham, Building Standards Department.</p>		
<p>_____ Name of Professional Engineering Company Performing the Integration Testing</p>	<p>_____ Signature of P.Eng.</p>	<p>_____ Print Signatory's Name</p>

Send to: The City of Markham, Building Standards Department, 101 Town Centre Blvd., Markham, Ontario L3R 9W3 or email to the Building Inspector