

Integrated Fire and Life Safety Systems Coordinator Verification

This verification form must be accompanied with the Draft Integrated Testing Plan. The Integrated Testing Coordinator as required by CAN/ULC S1001 shall be a person or Company Certified through UL or a P. Eng. licensed to practice in Ontario.

Permit applications will be considered incomplete if the application is not accompanied by the following information:

Project Information			
Building Address (Number and Street name)	Permit Application No:	Date:	
Owner Information			
Name of Owner:	Address:	Email:	
		Phone:	
Integrated Testing Coordinator if Professional Engineer			
Name of Engineering Firm:	Address:	Email:	
		Phone:	
Name of Engineer:	Signature:	Email:	
		Phone:	
Integrated Testing Coordinator if UL Certified Person			
Name of Company:	Address:	Email:	
		Phone:	
Coordinator Name:	UL Certification No.:	Coordinator Signature:	
Fire and Life Safety Systems to be Integrated			
Please check (<input type="checkbox"/>) Systems to be integrated as per OBC Div. B 3.2.10.1. or 9.10.18.10.:			
Fire Alarm	<input type="checkbox"/>	Sprinkler	<input type="checkbox"/>
Mass Notification	<input type="checkbox"/>	Standpipe	<input type="checkbox"/>
Smoke Control Pressurization	<input type="checkbox"/>	Fire Pumps	<input type="checkbox"/>
Smoke Control Exhaust	<input type="checkbox"/>	Water Supplies	<input type="checkbox"/>
Audio/Visual and/or Lighting Control	<input type="checkbox"/>	Notification	<input type="checkbox"/>
Cooking Equipment Fire Suppression	<input type="checkbox"/>	Freeze Protection	<input type="checkbox"/>
Smoke Alarms	<input type="checkbox"/>	Dust Collection	<input type="checkbox"/>
Fire Shutters	<input type="checkbox"/>	Fire Dampers	<input type="checkbox"/>
Door hold open Devices	<input type="checkbox"/>	Other:	<input type="checkbox"/>
Integrated Testing Coordinator Declaration			
<p>I _____ declare that:</p> <p style="text-align: center;">(print name)</p> <ol style="list-style-type: none"> 1. The submitted Integrate Testing Plan is in compliance with OBC Div. B 3.2.10.1, or 9.10.18.10 and CAN/ULC S1001-11 2. The implementation of the Integrated Testing Plan, including all testing will be as per CAN/ULC S1001 3. The engineer of record for all Fire and Life Safety Systems have been consulted as per the standard and approve the Integrated Testing Plan 4. I confirm that the City will be contacted immediately in writing if I become disengaged from the project listed. <p style="text-align: center;">_____</p> <p style="display: flex; justify-content: space-between;"> Date Signature of Integrated Testing Coordinator </p>			