FIRE ALARM SYSTEM VERIFICATION CERTIFICATE

Certificate of verification for the system at : TOP FLOOR FLAT.

Address : (4F1) 151 BRUNTSFIELD PLACE.
EDINBURGH.

I being the competent person responsible (as indicated by my signature below) for the verification of the fire alarm system. Particulars of which are set below, CERTIFY that the verification work for which I have been responsible for complies to the best of knowledge and belief with the recommendations of Clause 43 of BS 5839-1 :2002.

Name (in block letters) : D. FULTON

Position : ELECTRICIAN (APP)

Signature : D Fulton Date : 29/10/2020

For and behalf of : CONLEY ELECTRICAL
1 BELLFIELD LANE
EDINBURGH
EH15 2BL

The extent of liability of the signatory is limited to the system described below.

CONVENTIONAL 2 ZONE SYSTEM

Extent of system covered by this certificate : SMOKE / HEAT / AND 2x MANUAL CALL POINTS.

Scope and extent of the verification work : C/O FULL MAINTENANCE CHECK ALL TESTS OK (BATTERY VOLTAGE 27.4V.)

[✓] In my opinion that as far as can reasonably be ascertained from the scope of work described above. The system complies with has been commissioned in accordance with the commendations of BS 5839-1 : 2002. Other than in respect of variations already identified in the certificates of design, installation or commissioning.

[✓] In my/our opinion there is no obvious potential for an unacceptable rate of false alarms. The following non-compliances with the recommendation of BS 5839- 1 : 2002, have been identified. (other than those recorded as variations in the certificate of design, installation or commissioning) :

NONE

Contractor's Reference Number

CRN/

This declaration is not valid unless accompanied by Forms 1, 2 and 3

ECM5
FORM 4

EMERGENCY LIGHTING VERIFICATION – DECLARATION OF CONFORMITY

For new installations

Original (To the person ordering the work)

DETAILS OF THE CLIENT

Client/ Address: JAMES BAXTER. Postcode

DETAILS OF THE EMERGENCY LIGHTING INSTALLATION

Address: (4F1) 151 BRUNTSFIELD PL. Postcode EH10

Extent of the installation covered by this certificate: ANNUAL TEST.

PURPOSE OF DECLARATION

The installation is

New	
An addition	
An alteration	
ANNUAL TEST	✓

DETAILS OF THE ORGANISATION RESPONSIBLE FOR THE VERIFICATION OF THE EMERGENCY LIGHTING INSTALLATION

Trading Title: CONLEY ELECTRICAL

Address: 9/2 NORTHFIELD BROADWAY Postcode EH7 8QF

VERIFICATION CONFORMITY DECLARATION

Where a declared outcome is identified by an 'X', the details of the deviation must be accurately recorded in this section and on the completion certificate (Form 1)

Clause No.	Recommendations Items assessed for compliance	Declared outcome
4.2	**V1-** Plans available and correct	✓
8.3.3	**V2-** System has a suitable test facility for the application	✓
5.2.9	**V3-** All escape route safety signs and fire fighting equipment location signs, and other safety signs identified from risk assessment, visible with the normal lighting extinguished	✓
5	**V4-** Luminaires correctly positioned and oriented ~~as shown on the plans~~	✓
6.7.1	**V5-** Luminaires conform to BS EN 60598-2-22	✓
	V6- Luminaires have an appropriate category of protection against ingress of moisture or foreign bodies for their location as specified in the installation design	✓
12	**V7-** Luminaires tested and found to operate for their full rated duration	✓
	V8- Adequate illumination is provided under test conditions, for safe movement on escape routes, open areas, paths under emergency safety lighting , and operations within high risk task areas. (1 lux minimum on the centre line) and in open areas (0.5 lux minimum) *NOTE: This can be checked by visual inspection and checking that the illumination from the luminaires is not obscured and that minimum design spacings have been met.*	✓
	V9- After test, the charging indicators operate correctly	✓
8.2	**V10-** Cables of a centrally supplied system adequately resist the effects of fire	N/A
8.2.6	**V11-** Emergency circuits correctly segregated from other supplies	N/A
10.6; 10.7 11	**V12-** Operation and maintenance instructions together with a suitable log book showing a satisfactory verification test provided for retention and use by the building occupier	N/A
10.7; 12	**V13** Building occupier and their staff trained on suitable maintenance, testing and operating procedures or a suitable maintenance contract agreed	N/A

TEST INSTRUMENTS USED

Where verification requirement V8 is carried out by measurement, details of instruments MUST be recorded.

Instrument 1 (Light meter) Model	Serial No.	Instrument 2 (if any) Model	Serial No.

DETAILS OF DEVIATIONS FROM THE CODE OF PRACTICE (BS 5266-1: 2016)

Deviations MUST be sanctioned by the designer (Form 2) and agreed by the person signing the Declaration of Conformity (Form 1)

Clause No.	Details of deviation (If necessary record additional deviations on a separate referenced sheet)
	NONE.

VERIFICATION

I/We hereby declare that the emergency escape lighting installation, as described above has been VERIFIED by **me/us** and, to the best of **my/our** knowledge and belief, the installation complies with the relevant recommendations and requirements given in BS 5266-1: 2016 *Emergency lighting Part 1: Code of practice for the emergency lighting of premises*, BS EN 1838: 2013 *Lighting applications - Emergency lighting*, and BS EN 50172: 2004 *Emergency escape lighting systems.*

Signature [signature] Date 29/10/20 Name (CAPITALS) D. FULTON

Notes: '✓' *Indicates that an item was assessed and the declared outcome was* ***satisfactory.***
'X' *Indicates that an item was assessed and a deviation was identified.*
'N/A' *Indicates that the assessment of an item was not applicable to the particular installation.*

Please see the 'Notes for Recipient' on the reverse of this page.