Fire Detection and Fire Alarm System

Modification Certificate

BS 5839-1: 2013 H.7

teklek

Details of the Client

Client: JAMES BAXTER

Address: FINDHORN PLACE.

EDIN

Postcode:

Details of the Fire Detection and Fire Alarm System

Address: TOP FLAT (4F2) BRUNTSFIELD PLACE

EDINBURGH. Postcode: EH10

Extent of system covered by this certificate: ANNUAL MAINTENANCE CHECK AND REPAIR CALL

Details of the Modification

Continue on additional numbered pages as required.

REPLACED HEAT DETECTOR IN KITCHEN.

[C/O FULL MAINTENANCE CHECK]

ALL TESTS OK (BATTERY VOLTAGE 12.6V)

Testing

Tick box to indicate testing has been performed and results are satisfactory.

☑ Following the modifications, the system has been tested in accordance with the recommendations of Clause 46.4.2 of BS 5839-1: 2013.

Drawings

Tick box to indicate system records have been updated. N/A.

☐ Following the modifications, 'as fitted' drawings and other system records have been updated as appropriate.

Certification of Modification

I/we being the competent person(s) responsible (as indicated by my/our signatures below) for the modification of the fire detection and fire alarm system as detailed above, CERTIFY that the said modification work for which I/we have been responsible complies to the best of my/our knowledge and belief with the recommendations of Clause 46.4 of BS 5839-1: 2013 except for any variations listed.

Variations from the recommendations of Clause 46.4 of BS 5839-1: 2013:

NONE.

(Continue on additional numbered pages as required)

The extent of liability of the signatory is limited to the work described above as the subject of this certificate.

I/we the undersigned confirm that the MODIFICATIONS have introduced no additional variations from the recommendations of BS 5839-1: 2013, other than those recorded as follows:

Name (CAPITALS): DEREK FULTON Signature:

Capacity: ELECTRICIAN (APP) Date: 29/10/2020

(e.g. maintenance organisation, system designer, consultant or user representative)

Particulars of the Contractor

Company Name: CONLEY ELECTRICAL

Address: 9/2 NORTHFIELD BROADWAY

EDIN. Postcode: EH8 7QF

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: (4F2) 151 BRUNTSFIELD PLACE 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 MORNINGFIELD BROADWAY Postcode EH8 7QF.

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.