



City of Marco Island

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**DEPARTMENT OF FIRE PREVENTION**

1280 San Marco Rd.  
Marco Island FL 34145  
239-394-5405

**EXISTING FIRE ALARM  
SYSTEM REHABILITATION**

**PLAN CHECKLIST**

**(For Plan Design Review)**

Original Document – 05-21-2013

## City of Marco Island

# “Existing Fire Alarm System Rehabilitation Checklist for Plan and Submittal Review”

The following is intended to **assist** the design professional and or installing contractor in designing and submitting for review a “code compliant” fire alarm system rehabilitation. This document in no way details **ALL** of the requirements that may be necessary for a complete code compliant system.

**Note:** Systems shall be designed in accordance with the codes and standards adopted in Rule Chapter 69A-60 The Florida Fire Prevention Code, NFPA 1 the Florida specific version, NFPA 101 the Florida specific version, NFPA 72 and the City of Marco Island Code of Ordinances.

- YES    NO      1.    Is the **project name** identified on the drawing?
- YES    NO      2.    Is the **project address** identified on the drawing?
- YES    NO      3.    What **type of license** does the qualifier hold as required by the State of Florida?  EC    EF    EH    ER    EY    EG    EZ  
**License #:** \_\_\_\_\_    **Expiration Date** \_\_\_\_\_
4.    **Occupancy type:** \_\_\_\_\_ *(as defined in NFPA 101 - the Florida 2009 edition, Chapter 3 – Definitions)*  
**Occupancy chapter:** \_\_\_\_\_ *(as referenced in NFPA 101)*  
**Occupancy load:** \_\_\_\_\_ *(show occupant load calculation breakdown using NFPA 101 - Occupant Load Factors)*  
**Number of Stories?** \_\_\_\_\_ **Bldg. Height?** \_\_\_\_\_  
**Sq. Ft.?** \_\_\_\_\_ *(Per floor and building total).*
- YES    NO      5.    Is a **comprehensive** “**Scope of Rehabilitation Work**” statement provided?
- YES    NO      6.    Will the Rehabilitation Work to the existing fire alarm system be a **performance-based design** complying with NFPA 72?
- YES    NO      7.    Will the Rehabilitation Work to the existing fire alarm system be a **prescriptive-based design** complying with the prescriptive provisions outlined in NFPA 72?
- YES    NO      8.    Has the nature and extent of **Rehabilitation Work** to the existing fire alarm system been **classified** as one of the following work categories

in accordance with NFPA 101 the Florida specific version, Chapter 43?

Please identify which Rehabilitation Work category is applicable:

- Renovation
- Modification

YES  NO

9. When an **existing fire alarm system is being renovated, modified or augmented** somehow, the following detailed information regarding the capacity of the existing fire alarm control panel(s) **MUST BE** provided {NFPA 72}:

- Provide the operating capacities/parameters of the existing panel(s) as outlined by the listing and/or manufacturer specification sheet.
- Identify the existing loads (prior to the application of this new scope of work) for the respective circuits currently being utilized on the individual fire alarm control panel(s).
- Indicate the size of the existing fire alarm control panel batteries and whether they provide a secondary supply capacity based on 60 or 24-hours of standby followed by 5 or 15-minutes in alarm.
- Identify which circuit(s) is being rehabilitated and at what point on the existing circuit the rehabilitation will occur AND/OR whether a new or spare circuit is being utilized.
- Indicate what the “new” load will be to each of the rehabilitated existing or new circuits and whether the existing batteries can handle the “new” load(s) and provide the required secondary supply capacity for the respective fire alarm system classification.
- If a new, larger battery is to be installed as a result of this rehabilitation, indicate whether the existing FACP is capable of charging this larger size battery.
- Identify what the available capacity will be for each of the rehabilitated and/or new circuits following the completion of this scope of work.

YES  NO

10. Provide the **System Classification** for the existing fire alarm system {NFPA 72}:

- Protected premises fire alarm system
- Supervising station fire alarm system
  - Central Station Service
  - Remote Supervising Station
  - Proprietary Supervising Station

YES  NO  N/A

11. In an existing **addressable** fire alarm system, is the **number of new devices** shown in the submittal/drawings, and for each **SLC being rehabilitated, has the point where each new device is being added to the SLC been shown - specifically identifying where the rehabilitation will occur (i.e. where the new devices will be inserted into the SLC)?**

YES  NO

12. To your knowledge, was the existing fire alarm system a “Required Fire Alarm System”?

PL  NPL

13. Is the existing fire alarm system **Power-Limited or Non-Power**

**Limited?**

- YES  NO  N/A **14.** Is the existing fire system designed for **General Evacuation**?
- YES  NO  N/A **15.** Is the existing fire alarm system designed for **Partial/Selective Evacuation or Relocation of Building Occupants**?
- YES  NO **16.** Are ALL new **components submitted under this fire alarm system rehabilitation “compatible” and “listed”** for the specific fire alarm applications for which they are used and are all detection devices that receive power from the IDC or SLC of a control unit listed for use with that control unit as required by NFPA 72? Provide verification of compatibility between components and the respective panel.
- YES  NO **17.** Are fire alarm system components **“listed”** for the ambient conditions (i.e., voltage, temperature and humidity) expected at the proposed location of the installed components? NFPA 72
- YES  NO **18.** Are **ALL** device and component **model #s and quantities** of each, specified on the plan or bill of materials for this fire alarm system **rehabilitation**?
- YES  NO **19.** Is each new device, new appliance, new circuit and/or new component for this fire alarm system **rehabilitation** indicated and **enumerated** on the floor plan?
- YES  NO  N/A **20.** Are **Emergency Control Functions** relative to this fire alarm system **rehabilitation** indicated on floor plans and riser and have they been detailed in the Sequence of Operations? (**Door release, door unlocking, elevator recall and emergency warning light illumination, smoke control, stair pressurization, other extinguishing systems, HVAC shutdown, etc.**)
- YES  NO **21.** Are **ALL** rooms & spaces **labeled clearly** on floor plans?
- YES  NO **22.** Are there **ceilings that are higher than 10’ or that is not smooth or flat**? If so, provide details indicating the ceiling height and depicting the ceiling surface configurations on the appropriate areas of the floor plans. Also provide an elevation detail that delineates the mounting (spacing and location) of new automatic detection device(s) and/or new notification appliance(s) added under this rehabilitation.
- YES  NO **23.** Is the **Riser Diagram** provided delineating each floor, circuit and zone for **ALL devices/appliances/components** related to this rehabilitation?
- YES  NO **24.** Are all rehabilitations to existing and/or installation of new Notification Appliance Circuits (**NACs**), Initiating Device Circuits (**IDCs**) & Signaling Line Circuits (**SLCs**)... including appropriate EOLs, clearly delineated

and congruent on the both the riser diagram and floor plans?

- YES  NO  N/A **25.** Have all elements of the **“Sequence of Operation”** been specified on the plan via an Input/output Matrix or a narrative with the submittal package and does it detail ANY and ALL alarm, supervisory and trouble conditions, as well as ALL emergency functions?
- YES  NO **26.** Are **ALL wire sizes, types, quantity**, and conduit sizes and type, listed on the riser diagram and floor plan for all new devices or appliances installed under this rehabilitation?
- YES  NO **27.** Is the **class AND style** designation shown on the drawings for all rehabilitated initiating, notification, and signaling line circuits? NFPA 72.
- YES  NO  N/A **28.** **Are relays** for control devices **installed under this fire alarm rehabilitation located within 3’** of the controlled circuit or appliance and is the installation wiring between the fire alarm control unit and the relay or other appliance monitored for integrity or fail-safe? NFPA 72
- YES  NO  N/A **29.** Does each new audio/visual appliance have its **candela rating** listed on the floor plan, adjacent to each appliance?
- YES  NO  N/A **30.** Is each new visual appliance adequate for the area covered, and located per NFPA 72 requirements? (see also the Appendix section)
- YES  NO  N/A **31.** Has **smoke detection design documentation** been provided for the proposed new smoke detectors which states the required performance objective of the system as required by NFPA 72?
- YES  NO  N/A **32.** Has **heat detection design documentation** been provided for the proposed new heat detectors which states the required performance objective of the system as required by NFPA 72?
- YES  NO  N/A **33.** Are voltage calculations provided for each rehabilitated notification appliance circuit and/or for any circuits that draw significant power (such as relays, etc.)?
- YES  NO **34.** Do all rehabilitated **battery and voltage drop calculations correlate with the alarm and non-alarm current draws** for the respective components in the **Catalog/Specification sheets provided** and are these current draws indicated/highlighted for the plan reviewer?
- YES  NO **35.** Is all new fire alarm equipment under this **rehabilitation** installed in **locations that do not exceed the voltage, temperature or humidity limits?** {NFPA 72}

YES  NO

**36.** Is **all wiring** for the additional components installed under this **rehabilitation** that are located in **wet or damp** locations, **listed** for this use (**Wet & Direct Burial**) and are specification sheets included? {NFPA 70}

YES  NO

**37.** Is the **wiring installation method** within the building for the fire alarm system indicated on the drawings (i.e. **free wired, wire mold, conduit, etc.**)? NFPA 70

YES  NO

**38.** Are **ALL submittal documents consistent with each other** with respect to types and quantities of new devices and appliances installed under this rehabilitation; are they thorough and comprehensive in nature and in scope; are they neatly and professionally packaged? (I.e. specification sheets, bill of materials list, floor plans, riser diagram, battery and voltage drop calculations, etc.)

I hereby attest that, to the best of my knowledge, the aforementioned checklist information and the battery calculation(s) are accurate and adequate for the existing fire alarm system being modified.

\_\_\_\_\_  
**Applicant Name (print)**

\_\_\_\_\_  
**Applicant Company**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**State Registration Number**

\_\_\_\_\_  
**Address** **City** **State** **Zip Code**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Facsimile Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**E-mail address**