

This form must be completely filled out and mailed or faxed to TYCO Fire Protection Products Marketing Communications Department within 10 days of the commissioning of the SAPPHIRE Fire Suppression and Control System for the SAPPHIRE Environmental Warranty to be in effect. Failure to completely fill out this form and return it within ten days of the system commissioning will invalidate the Environmental Warranty. Refer to the SAPPHIRE Environmental Warranty for other information.

Mail To: Tyco Fire Protection Products
Marketing Communications Dept
Tyco Park, Grimshaw Lane
Newton Heath, Manchester M40 2WL

Fax To: 0161 875 0491

Indicate that all of the following items were performed:

_____ Control Unit and all accessories installed tested/operated for proper performance.

_____ All accessories wired to the Control Unit auxiliary power, supervised circuits, and/or signaling line circuit (SLC) are listed **and** approved by TYCO Fire Protection Products for use with the installed control unit.

Indicate which of the following items was performed (if detector sensitivity can be checked or adjusted):

_____ Detector sensitivity checked and found to equal value marked on detector.

OR

_____ Detector sensitivity checked and re-calibrated to equal value marked on detector.

SAPPHIRE Fire Suppression System – Fill in the requested information:

Container Size _____ Qty. of Container _____ Manual Part Number _____

Control System – Indicate which Control Unit is installed and fill in the requested information:

Model _____ Part Number _____ Serial number _____

Incoming Voltage (Measured) _____ Manual Part Number _____

Detectors – Indicate quantities of each type installed:

Conventional: _____ Ionization _____ Photoelectric _____ Heat _____ Standard Base _____ Relay Base

Analogue Addressable: _____ Ionization _____ Photoelectric _____ Heat _____ Heat/ROR _____ Laser _____ Multi-Sensor

Flame: _____ UV _____ IR _____ UV/IR

Alarms – Indicate quantities of each type installed:

_____ Bell _____ Strobe _____ Horn

Other _____

Releasing Devices – Indicate the type and quantities of each device installed:

_____ Electrical Actuator _____ Manual Actuator _____ Pneumatic Actuation

Other Accessories – Indicate type and quantities of each device installed:

_____ Manual Pull Station _____ Abort Switch _____ Hold Switch _____ Pressure Switch

_____ Key-Operated Maintenance Switch _____ Key-Operated Selector Switch _____ Other Switch _____

CUSTOMER

_____ Location of System _____

Address _____ Commissioning Date _____

_____ Scheduled Six Month Maintenance Date _____

Telephone _____ Hazard System is protecting _____

Fax _____ _____

(signature) _____ (date) _____

AUTHORIZED DISTRIBUTOR

Name _____ Address _____

(signature) _____ (date) _____

