PROPERTY ADDRESS
(BRT Address Required)

TESTING CONTRACTOR
(Name and Address)

License No.

ANNUAL CERTIFICATIONS MUST BE KEPT ON SITE FOR A PERIOD OF THREE YEARS

TYPE OF OCCUPANCY:
_____Commercial   _____Residential or _____Mixed (commercial and residential)

TYPE OF TEST: ____________________________________________________________

DATE OF TEST: ____________________________________________________________

TYPE OF SYSTEM: _____Generator   _____Storage Battery System

_____Dual Service (include testing criteria and results)

FIRE PUMP: ___NO   ___Yes (Electric___ or Diesel____)

Maximum output of the system was _________ amps. The generator ran for __________ minutes under full load operating conditions.

This system was tested in accordance with the operational inspection and testing procedures established in both the Philadelphia Fire Code section F-604 and the applicable sections of NFPA 110 or 111.

COMMENTS:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

TEST CONDUCTED/WITNESSED BY (Print and sign name)______________________________

EMAIL ADDRESS_______________________________________________________________

PHONE NUMBER_______________________________________________________________

ELECTRICAL CONTRACTORS LICENSE# : (3516) ________________________________ OR,

MANUFACTURER'S REP. LICENSE# (Commercial Activity License #) ________________________________