



Fire Department • City of New York
Bureau of Fire Prevention
 9 MetroTech Center
 Brooklyn, NY 11201

TM-ARCS-2
AUXILIARY RADIO COMMUNICATION (ARC) SYSTEM
VISUAL AND FUNCTIONAL TESTING FORM

(to be completed by holder of ARC System Professional Certificate of Fitness)
 Attach additional sheets, data, or calculations as necessary to provide a complete record.

Date	
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1. PREMISES INFORMATION

Building No.:	Street Name:	BIN #:
Borough:		NY
		ZIP:
Building Predominant Occupancy Group:		

2. BUILDING OWNER

Last Name:	First Name:	
Business Name :		
Business Address:		
Phone:	Fax:	E-Mail:

3. TYPE OF SYSTEM

Transceiver : <input type="checkbox"/> Simplex <input type="checkbox"/> Repeater <input type="checkbox"/> Other. Please Specify _____
Antenna System: <input type="checkbox"/> Passive Distributed Antenna System (DAS) <input type="checkbox"/> Active Distributed Antenna System (DAS) <input type="checkbox"/> Other. Please Specify _____

3.1 System Features

- Components enclosed in enclosure as required in the ARCS bulletin
- Enclosure is locked and accessible only via Firefighter 2642 Key Tamper Switch monitored at FCC
- Communication Cables have 2 hour fire-rated protection

3.2 System Documentation

- An owner's manual, a copy of the manufacturer's instructions, operating instructions, and a copy of the as-built are stored on site.

Location:

3.3 Maintenance Logs

A record of inspections, tests, exercising operations and repairs is maintained on the premises

Location:

4. SYSTEM POWER

4.1 Primary Power

Input voltage of control panel:	Control panel amps:
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4.2 Secondary Power - Engine-Driven Generator

This system does not have a generator.

Location of generator:	
Location of fuel storage:	Type of fuel:

4.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:
Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):	In full operating mode (minutes):
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4.4 Batteries

Type:	Nominal voltage:	Amp/hour rating:
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Calculated capacity of batteries to drive the system:

In standby mode (hours):	In full operating mode (minutes):
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Batteries are marked with date of manufacture.

5. RELATED DEVICES (AMPLIFIERS, ANTENNAS, AND ALL OTHER ACTIVE COMPONENTS)

5.1 Location and Description of Devices

Device 1:	Manufacturer:	Type:
Location:		
Device 2:	Manufacturer:	Type:
Location:		
Device 3:	Manufacturer:	Type:
Location:		

6. NOTIFICATIONS MADE PRIOR TO TESTING

Building management	Contact:	Time:
Building occupants	Contact:	Time:
FDNY	Contact:	Time:
Other, if required	Contact:	Time:

7. TESTING RESULTS

7.1 Console

7.1.1 Console Overview

Description	Visual Inspection	Functional Test	Test Results
Control unit functions and no diagnostic failures are indicated	<input type="checkbox"/>	<input type="checkbox"/>	
Control Unit Reset	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Radio Desk-Set	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Audio Levels	<input type="checkbox"/>	<input type="checkbox"/>	
Control Levels	<input type="checkbox"/>	<input type="checkbox"/>	

7.1.2 Console Power Supplies

Description	Test Results
Primary Power Supply	
Secondary Power Supply	
Battery condition	
Load voltage Voltage Recorded	
Discharge test	
Charger test	
Other (specify)	

7.2 Base-Station/Repeater

Description	Test Results
Wireless Signals	
Antenna	
Transceivers	
Radio ID Pass-Through	
Emergency Alert Pass-Through	
System performance	
Other (specify)	

7.3 Base-Station/Repeater Failure Monitoring

Description	Test Results
Low Transmit Power	
Over Temperature	
High VSWR	
Loss of Alternating Current (AC) or primary power source on the base-station/repeater	
Low Batter Capacity	
Antenna Failure	
Signal Amplification failure	
Tamper Switch	

7.4 Active Components *(Please supply the results of this test for all active components in the system)*

7.4.1 Component Overview

Description	Test Results
Lamps/LEDs/LCDs	
Fuses	
Ground-fault monitoring	
Panel supervision	
Amplifier/Tone Generator	
Other (specify)	

7.4.2 Component Power Supplies

Description	Comments
Primary Power Supply	
Secondary Power Supply	
Battery condition	
Load voltage Voltage Recorded	
Discharge test	
Charger test	
Other (specify)	

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Building management	Contact:	Time:
Building occupants	Contact:	Time:
FDNY	Contact:	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date:

10. ARC SYSTEM CERTIFICATION

C of F Name:		Company Name:	
Company Address:			
C of F No:		Date of expiration:	
Telephone No:		E-mail:	
<input type="checkbox"/> New Installation I hereby certify the following: I, or qualified employees under my direct supervision, have prepared this form and conducted the testing procedure and determined that the ARC System complies with all applicable testing requirements of TM-ARCS-2 – Supplement #1 (Visual and Functional Testing Form), NYC Building Code, NYC Fire Code, NYC Fire Department Rule 3 RCNY 511-01, NYC Fire Department Technical Criteria, NYC Electrical Code, and any other applicable rules and regulations. _____ Signature of Certificate of Fitness Holder			
<input type="checkbox"/> Annual Certification I hereby certify the following: I, or qualified employees under my direct supervision, have inspected and tested the ARC System with applicable testing requirements of TM-ARCS2-Supplement #1 (Visual and Functional Testing Form) and in accordance with Fire Department Rule 3 RCNY 511-01, and found that the ARC System is in good working order and complies with the standards and requirements set forth in this rule. _____ Signature of Certificate of Fitness Holder			
<input type="checkbox"/> Five Year Recertification I hereby certify the following: I, or qualified employees under my direct supervision, have conducted the five year recertification of the ARC System with applicable testing requirements of TM-ARCS2-Supplement #1 (Visual and Functional Testing Form) and in accordance with Fire Department Rule 3 RCNY 511-01, and found that the ARC System is in good working order and a radio coverage survey conducted in the same manner as the commissioning test complies with all the applicable standards and requirements. _____ Signature of Certificate of Fitness Holder			