Date

1. PREMISES INFORMATION

<table>
<thead>
<tr>
<th>Building No.</th>
<th>Street Name</th>
<th>BIN #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borough</td>
<td>NY</td>
<td>ZIP:</td>
</tr>
<tr>
<td>Building Predominant Occupancy Group:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. BUILDING OWNER

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Name:</td>
<td></td>
</tr>
<tr>
<td>Business Address:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

3. TYPE OF SYSTEM

<table>
<thead>
<tr>
<th>Transceiver:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Simplex</td>
</tr>
<tr>
<td>Repeater</td>
</tr>
<tr>
<td>Other. Please Specify __________________________</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Antenna System:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Passive Distributed Antenna System (DAS)</td>
</tr>
<tr>
<td>Active Distributed Antenna System (DAS)</td>
</tr>
<tr>
<td>Other. Please Specify ____________________</td>
</tr>
</tbody>
</table>

3.1 System Features

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

3.2 System Documentation

- An owner’s manual, a copy of the manufacturer’s instructions, operating instructions, and a copy of the as–builts 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: |

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): |

4.4 Batteries

| Type: | Nominal voltage: | Amp/hour rating: |

Calculated capacity of batteries to drive the system:

| In standby mode (hours): | In full operating mode (minutes): |

☐ 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

<table>
<thead>
<tr>
<th>Description</th>
<th>Visual Inspection</th>
<th>Functional Test</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control unit functions and no diagnostic failures are indicated</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Control Unit Reset</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Lamps/LEDs/LCDs</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Radio Desk-Set</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Ground-fault monitoring</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Panel supervision</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Audio Levels</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
<tr>
<td>Control Levels</td>
<td>✗</td>
<td>✗</td>
<td></td>
</tr>
</tbody>
</table>

7.1.2 Console Power Supplies

<table>
<thead>
<tr>
<th>Description</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Power Supply</td>
<td></td>
</tr>
<tr>
<td>Secondary Power Supply</td>
<td></td>
</tr>
<tr>
<td>Battery condition</td>
<td></td>
</tr>
<tr>
<td>Load voltage</td>
<td></td>
</tr>
<tr>
<td>Voltage Recorded</td>
<td></td>
</tr>
<tr>
<td>Discharge test</td>
<td></td>
</tr>
<tr>
<td>Charger test</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

7.2 Base-Station/Repeater

<table>
<thead>
<tr>
<th>Description</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wireless Signals</td>
<td></td>
</tr>
<tr>
<td>Antenna</td>
<td></td>
</tr>
<tr>
<td>Transceivers</td>
<td></td>
</tr>
<tr>
<td>Radio ID Pass-Through</td>
<td></td>
</tr>
<tr>
<td>Emergency Alert Pass-Through</td>
<td></td>
</tr>
<tr>
<td>System performance</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>
7.3 Base-Station/Repeater Failure Monitoring

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

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

7.4.1 Component Overview

<table>
<thead>
<tr>
<th>Description</th>
<th>Test Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lamps/LEDs/LCDs</td>
<td></td>
</tr>
<tr>
<td>Fuses</td>
<td></td>
</tr>
<tr>
<td>Ground-fault monitoring</td>
<td></td>
</tr>
<tr>
<td>Panel supervision</td>
<td></td>
</tr>
<tr>
<td>Amplifier/Tone Generator</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

7.4.2 Component Power Supplies

<table>
<thead>
<tr>
<th>Description</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Power Supply</td>
<td></td>
</tr>
<tr>
<td>Secondary Power Supply</td>
<td></td>
</tr>
<tr>
<td>Battery condition</td>
<td></td>
</tr>
<tr>
<td>Load voltage</td>
<td></td>
</tr>
<tr>
<td>Voltage Recorded</td>
<td></td>
</tr>
<tr>
<td>Discharge test</td>
<td></td>
</tr>
<tr>
<td>Charger test</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td></td>
</tr>
</tbody>
</table>

8. NOTIFICATIONS THAT TESTING IS COMPLETE

<table>
<thead>
<tr>
<th>Building management</th>
<th>Contact:</th>
<th>Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building occupants</td>
<td>Contact:</td>
<td>Time:</td>
</tr>
<tr>
<td>FDNY</td>
<td>Contact:</td>
<td>Time:</td>
</tr>
<tr>
<td>Other, if required</td>
<td>Contact:</td>
<td>Time:</td>
</tr>
</tbody>
</table>
9. SYSTEM RESTORED TO NORMAL OPERATION

Date: ________

10. ARC SYSTEM CERTIFICATION

<table>
<thead>
<tr>
<th>C of F Name:</th>
<th>Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Address:</td>
<td></td>
</tr>
<tr>
<td>C of F No:</td>
<td>Date of expiration:</td>
</tr>
<tr>
<td>Telephone No:</td>
<td>E-mail:</td>
</tr>
</tbody>
</table>

☐ 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

☐ 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

☐ 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