

This sheet must be completed and requires approval by Signalink Technologies Inc. prior to installation work to validate the Fire-link® warranty.

**General Site Information**

Site/Building Name:	<input type="text"/>	Approx Year Constructed:	<input type="text"/>
Address:	<input type="text"/>	Building Owner Management Company:	<input type="text"/>
City:	<input type="text"/>	State/Province:	<input type="text"/>
Postal/Zip:	<input type="text"/>	County:	<input type="text"/>
		Building Contact Name:	<input type="text"/>
		Contact Phone:	<input type="text"/>

**Dealer-Installer Information**

Name:	<input type="text"/>	Phone:	<input type="text"/>
Company:	<input type="text"/>	Fax:	<input type="text"/>
Address:	<input type="text"/>	Dealer Email:	<input type="text"/>
City:	<input type="text"/>	State/Province:	<input type="text"/>
		Postal/Zip:	<input type="text"/>
		County:	<input type="text"/>

**System In Suite Device Requirements**

Number of Suites:	<input type="text"/>	Number of Proposed ISDs:	<input type="text"/>
Number of Building Floors:	<input type="text"/>	Approx Suite Size (Sq Ft.):	<input type="text"/>
Number of Building in this system:	<input type="text"/>	Number of Fire Alarm Control Panels:	<input type="text"/>

**Building Power Distribution**

Number of Electrical Rooms:	<input type="text"/>	Number of House Electrical Panels:	<input type="text"/>
Number of Transformers:	<input type="text"/>	Transformer Phases:	<input type="text"/>
Transformer Secondary Voltage	<input type="text"/>	Transformer Secondary Current-KVA:	<input type="text"/>
		Value	<input type="text"/>
Approx. distance between transformer and electrical room:	<input type="text"/>	<input type="checkbox"/> Feet <input type="checkbox"/> Meters	
Are the Transformer(s) in the electrical room(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	House Panel Phases	<input type="text"/>
Is the House Panel(s) on a separate transformer from the suites:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Suite/Apt Panel Phases	<input type="text"/>
Is there a house panel in each electrical room:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Is each house panel on its own transformer	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there an emergency generator:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is each suite separately metered:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the house panel on the emergency circuit	<input type="checkbox"/> Yes <input type="checkbox"/> No



**Fire-Link®II Site Survey**

**Special Electrical Equipment**

Number of Elevators:

Elevator Motor Controller Voltage:  Does the Elevator use a variable speed control:  Yes  No  Don't Know

**Other Major Electrical Equipment (e.g. ramp heaters list all - use a separate sheet if needed)**

Manufacture-Make:  Model:

Equipment Description:

Manufacture-Make:  Model:

Equipment Description:

**Fire Alarm Control Panel Requirements**

Manufacture-Make:  Model:

Operating Model (Stages)

- Does the panel have voice annunciation:  Yes  No
- Does or can the panel use addressable devices:  Yes  No
- If not capable does it have a spare NAC circuit:  Yes  No
- If not capable does it have a spare Initiating circuit:  Yes  No
- If not capable does it have a spare Ancillary circuit:  Yes  No

*By submitting this form or faxing with a signature for the contractor express building system facts contained herein are accurate. The approving signature for Signalink Technologies does not in any way indemnify that such a building system will perform without problems or require extra-ordinary methods, wiring or filtering to operate in a normal manner. Signalink Technologies approving this Pre-Qualification simply acknowledges that such a system appears to meet minimum basic conditions for which a Fire-Link®II system may accomplish Normal operation; and as such shall warranty its equipment to the extent outlined in the Signalink Warranty Terms and Conditions.*

Date Sent

**Signalink Technologies Inc.**  
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Toll Free: (888) 491-3883  
Tech Support (888) 765-7514  
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**INTERNAL USE ONLY**

Approval Name:  Date Approved: Day/Mo/Yr

Install Site #