

Brookfield Properties

BAY ADELAIDE CENTRE MAGNETIC LOCKING DEVICE FORM

Building: _____ Permit Number: _____

TENANT AND LOCATION INFORMATION

Tenant: _____ Floor: _____ Suite: _____

Location: _____

CONTRACTOR INFORMATION

Company: _____ Onsite Representative: _____

Company: _____ Onsite Representative: _____

COMMENTS

TESTING RESULTS

Does the device release immediately upon the following actions:

1. Upon activation of the fire alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. In the event of a power failure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. In the event of a ground fault of the high voltage supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Upon activation of a manually operated switch accessible only to authorized personnel controlling all locking devices in the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Upon release, the locking device must be reactivated manually by the activation of the manually operated switch in item 4?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is the manually activated signaling box for the fire alarm door system located on the wall within 600 mm of the door?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Is a legible sign having the work EMERGENCY EXIT UNLOCKED BY FIRE ALARM permanently mounted on the EXIT door with the lettering at least 25 mm high with a 5 mm stroke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Is the installation connected to a secondary power supply conforming to OBC 3.2.7. in a safe manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Is there a "bypass key" keyed to the building master key system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

BROOKFIELD PROPERTIES APPROVAL

Signature: _____ Date: _____