INTERNET SECURITY SYSTEMS INC.
P.O. BOX 438
112 SPRUCE ST.
CEDARHURST, NY 11516

FIRE ALARM SYSTEM ESTIMATING CHECKLIST

Dealer Name: _____
Contact Name:_____

Account Number: _____
Sales Rep.: _____

Phone Number: _____
Fax Number: _____

CATEGORY	QUESTION	ANSWER
GENERAL SYSTEM INFORMATION	**12 VDC OR 24VDC OPERATION: .....**	
	CLASS "A" OR CLASS "B" CIRCUITS:	
	HARDWIRED OR ADDRESSABLE:	
	OCCUPANCY CLASSIFICATION:	
	VOICE EVACUATION, (YES OR NO)	
	STANDBY REQUIREMENTS, (24 OR 60 HOURS)	
	INTEGRAL COMMUNICATOR:	

CATEGORY	QUESTION	ANSWER
INITIATION DEVICE CIRCUITS (IDC)	**NUMBER OF ALARM CIRCUITS: .....**	
	NUMBER OF SPRINKLER SUPERVISORY CIRCUITS:	
	NUMBER OF WATERFLOW CIRCUITS:	
	TOTAL IDC'S:	

CATEGORY	QUESTION	ANSWER
NOTIFICATION APPLIANCE CIRCUITS (NAC)	**NUMBER OF AUDIBLE CIRCUITS: .....**	
	NUMBER OF VISUAL CIRCUITS:	
	TOTAL NAC'S:	

CATEGORY	QUESTION	ANSWER
VOICE EVACUATION REQUIREMENTS	**NUMBER OF SPEAKER CIRCUITS: .....**	
	NUMBER OF FIRE PHONE CIRCUITS:	
	AMPLIFIER RATING:	
	PAGING MICROPHONE, (YES OR NO)	
	REMOTE MICROPHONE, (YES OR NO)	
	DIGITAL MESSAGE REPEATER, (YES OR NO)	

CATEGORY	QUESTION	ANSWER
CONTROL CIRCUITS	**MAGNETIC DOOR: .....**	
	ELEVATOR RECALL:	
	AHU/FAN SHUTDOWN:	
	TOTAL CONTROL CIRCUITS:	

CATEGORY	QUESTION	ANSWER
SMOKE DETECTORS	**PHOTOELECTRIC OR IONIZATION: .....**	
	2 OR 4-WIRE OPERATION:	
	INTEGRAL THERMAL, (YES OR NO):	
	AUXILIARY RELAY, (YES OR NO):	

CATEGORY	QUESTION	ANSWER
DUCT SMOKE DETECTORS	**PHOTOELECTRIC OR IONIZATION: .....**	
	2 OR 4-WIRE OPERATION:	
	24/120/240 VOLT OPERATION:	
	DUCT SIZE/SAMP TUBE LENGTH:	
	REMOTE INDICATOR/TEST STATION:	

CATEGORY	QUESTION	ANSWER
BEAM SMOKE DETECTORS	**12VDC OR 24VDC OPERATION: .....**	
	REMOTE INDICATOR/TEST STATION:	

CATEGORY	QUESTION	ANSWER
HEAT DETECTORS	**135° OR 194° TYPE: .....**	
	AUXILIARY CONTACT/NUMBER OF CIRCUITS:	
	FIXED TEMPERATURE:	
	RATE OF RISE:	
	FIXED TEMPERATURE/RATE OF RISE:	

CATEGORY	QUESTION	ANSWER
MANUAL PULL STATIONS	**SURFACE OR SEMI-FLUSH MOUNTING: .....**	
	SINGLE OR DOUBLE ACTION:	
	AUXILIARY CONTACT, (YES OR NO):	
	BREAKGLASS, (YES OR NO):	
	CODED OR NONCODED:	
	PRESIGNAL, (YES OR NO):	

CATEGORY	QUESTION	ANSWER
AUDIBLE NOTIFICATION APPLIANCES	**WALL OR CEILING MOUNT: ……**	
	WEATHERPROOF, (YES OR NO): ……	
	DBA RATING: ……	
	BOX TYPE, (4" X 4" OR 1-GANG): ……	

CATEGORY	QUESTION	ANSWER
VISUAL NOTIFICATION APPLIANCES	**WALL OR CEILING MOUNT: ……**	
	BOX TYPE, (4" X 4" OR 1-GANG): ……	
	CANDELA, (15, 30, 15/75, 75 OR 110CD) ……	

Please Fax this completed form, signed and dated, to

Internet Security Systems Inc. at

212-202-3763

ATTN: Sales Department