



FIRE AND EMERGENCY SERVICES FORT LEWIS, WASHINGTON

REQUEST FOR TRANSMITTER NUMBER

Record Configuration & Installation Information For BT-X

Facility Name		DATE	
Building Number	Address & Cross Street:		
FACP Location:		Number of Floors:	Building Use:
Transmitter Location:			
Installed By (Company): Evergreen Fire & Security		Phone #:	
Installer's Name:		Date	Phone #:
Power Source			
AC Power Source:	DC Voltage:	Battery Amp Hour:	Ground:
AC Voltage:	Battery Voltage:		Building <input type="checkbox"/> or Rod <input type="checkbox"/>
Procedure:			
1. Initial installation and configuration form with acceptance test scheduling HFL Form 423 will be sent to Fort Lewis Fire Inspection Branch and DPW, Fire Alarm Section for onboard zone input definition. 2. The installer will then submit a completed installation and configuration form to Fort Lewis Emergency Communication Center 48 hours prior to any testing. 3. A minimum of 48 hours notice is needed to schedule any testing or downloads from communications center. 4. A copy of this form is to be left at the building with the transmitter for future reference.			
BT-X Hardware Installed in Enclosure			
BT-X P/N:		Rev:	Serial Number:
Program Chip P/N		Rev:	Number of Expansion Backplanes:
Fire:	No. Of Fire Cards (P/N):	at Rev:	
Mass Notification:			
Relay Board Installed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
General Programming			
BT-X Addresses		Communicator:	AC Fail & Zone Faults:
			<input type="checkbox"/> Send During AC Fail or <input type="checkbox"/> Don't Send
Unit Status Reporting	Enclosure Tamper: <input type="checkbox"/> Always Sent <input type="checkbox"/> Never Sent	AC Fail, Battery Fault & Tamper: <input type="checkbox"/> Sent on Communicator Address <input type="checkbox"/> Sent on IDS Master Address	Zone 13:
			Fall back Status: <input type="checkbox"/> Always Sent <input type="checkbox"/> Never Sent
			Fallback Destination: <input type="checkbox"/> Sent on Communicator Address <input type="checkbox"/> Sent on IDS Master Address
Local Audible Alert: <input type="checkbox"/> Off <input type="checkbox"/> On			

Onboard Zone Input Definition Approved FP _____ DPW _____

Onboard Zones	Zone Description	
1	Water Flow	Fire <input type="checkbox"/> or MNS <input type="checkbox"/>
2	General Alarm	
3	Sprinkler Supervisory	
4	FACP/Mass Notification Trouble	
1	Mass Notification Active	Verification Delay: 3 <input type="checkbox"/> or 25 <input type="checkbox"/> seconds

Fire Zone Card Definition

Transceiver Address _____ Card Type: Fire Security *Note that the security zone type is defined at central and downloaded.*

BP 1	CARD #1 (J1)					NC	NO				
		1			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		2			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		3			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		4			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

When more zones are used attach added information to this form

Within Building MNS Information

This BT-X is wired to which Mass Notification Panel: Multi-Circuit Dual-Circuit
 RMS Microphone Station installed? Yes or No

Pre-Record Messages
 Pre-Record Time-Out: # of _____ seconds. Make sure this matches this setting at Central.

Live Voice Settings
 Live Voice Timeout: # of _____ seconds. This is only needed if zero was entered in Live Voice Time Keep-Alive Timeout.

1	Fort Lewis standard #1	
2	Fort Lewis standard #2	
3	Fort Lewis standard #3	
4	Fort Lewis standard #4	
5	Fort Lewis standard #5	
6	Fort Lewis standard #6	
7	Fort Lewis standard #7	
8	Fort Lewis standard #8	

TEST & RESULTS

* Forward Power	* Reflected Power	
Ground Fault Test	Local <input type="checkbox"/>	Remote <input type="checkbox"/>
AC Failure Test	Local <input type="checkbox"/>	Remote <input type="checkbox"/>
Battery Fault Test	Local <input type="checkbox"/>	Remote <input type="checkbox"/>
Tamper Test	Local <input type="checkbox"/>	Remote <input type="checkbox"/>
Other	Local <input type="checkbox"/> or NA <input type="checkbox"/>	Remote <input type="checkbox"/> or NA <input type="checkbox"/>
Interrogation	Local <input type="checkbox"/>	Remote <input type="checkbox"/>

* Record Forward/Reflected Power in the BTX Enclosure