



# Routine Inspection Report/Test Certificate

Job Number:1038468 Docket No:DF218695



WE ARE RETURNING TO COMPLETE WORKS

24 Hour Service Bureau  
0344 800 1999

## CUSTOMER INFORMATION

Contract No:	1001036767	Trading Name:	BELIEVE HOUSING LIMITED
Site Ref:		National Account No:	
Name:	BELIEVE HOUSING LIMITED	Service Level:	9
Address:	11-57 PARK AVENUE CLOSE CROOK COUNTY DURHAM	Linked Docket:	
Postcode:	DL15 9JR		

## SYSTEM INSTALLATION INFORMATION

System Type Installed:	F - FIRE
Monitored:	No
Monitoring Type:	DIGITAL COMMUNICATOR
No.of Circuits:	1
Panel & Software Version:	3995 - NO PANEL INVOLVED (FIRE)

## JOB DETAIL

Arrival Date:	08/04/25	Purchase Order No:	
Arrival Time:	16:10	Fixed Agreed Price:	N/A
Departure Time:	17:03	Call Type:	04 - Routine Inspection
Travel Time:	00:35	Cause:	48 - Inspect System

## INSPECTION NOTES

Part routine inspection

## CUSTOMER ACCEPTANCE

By signing the following, I confirm that:

- I/We requested the attendance of an ADT engineer and for the work to be carried out.
- I am satisfied with the work carried out by the ADT engineer. The system has been left in good working order (unless detailed).
- I am authorised to sign on behalf of the customer.
- I/We will pay any charges for the work carried out determined under your contract, either immediately or within 14 days of receipt of ADT's invoice or request for payment.

If the system has been installed and certificated to a recognised National Standard, then the maintenance will also be in accordance with the requirements of the same National Standard (e.g. BS4737, BS5839, IS199, EN 50131 , IS.3218 etc.)

## AUTHORISED SIGNATURES

### ADT REPRESENTATIVE SIGNATURE

SIGNED: 

DATE: 08/04/25  
ENGINEER'S NAME: GARY JEWETT  
ENGINEER PIN: 576640

### CUSTOMER'S OR AUTHORISED REPRESENTATIVES SIGNATURE

SIGNED: Unmanned site

DATE: 08/04/25  
CUSTOMER'S NAME:  
POSITION:



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IMPORTANT INFORMATION

IS THE WORK COMPLETED OR ARE WE RETURNING?

Has the work been completed:

If 'No', what are we returning to complete:

Multi day inspection

DEFICIENCIES/OBSERVATIONS

During our engineer visit, we identified a deficiency:  Quote ID Number(If Applicable):

No deficiencies were identified during this visit

NON-COMPLIANCES

During our engineer visit, we noted non-compliance(s):  Quote ID Number(If Applicable):

These non-compliance(s) are detailed below:

No instances of non-compliance were identified during this visit



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## SYSTEM CHECKS

Check history of system since last maintenance	Y
Visually inspect for Structure or occupancy changes and ensure system meets clients specification	Y
Check mains & stand-by power supplies including charging rates	Y
Operate a minimum of one detector & one call point per zone	Y
Check that all sounders operate correctly	Y
Check for the correct operation of any auxiliary units	Y
Check the control equipment operates correctly	Y
Check that the signals are received at the alarm receiving centre	Y
Carry out any minor adjustments or repairs	Y
Log test results	Y
Return system to operational status	Y
Ensure correct operation of control equipment [High Sensitivity Smoke Detection]	N/A
Inspect pipework and clear any obstructions [High Sensitivity Smoke Detection]	N/A
Clean / replace filters [High Sensitivity Smoke Detection]	N/A
Ensure correct operation of control equipment [Gaseous Extinguishing Systems]	N/A
Inspect pipework and clear any obstructions [Gaseous Extinguishing Systems]	N/A
Check valves are functioning correctly [Gaseous Extinguishing Systems]	N/A
Label gas cylinders with date of inspection [Gaseous Extinguishing Systems]	N/A
Check that warning signage is adequate [Gaseous Extinguishing Systems]	N/A

## SYSTEMS TESTS

Standard installed to BS5839-1 (Revision)	Level installed to	Minimum Battery	Alarm Current	Quiescent Current	Standby Time	Alarm Time	Derating Factor	Does the System Comply?
Unknown		0	0	0	24:00	00:30	1.75	Y

## DEVICES TESTED

DEVICE	NUMBER TESTED	EXACT OR APPROX. AGE	TOTAL ON SITE

## ACTIONS

Action	Materials	Description	Source	Qty	Zone
62 - Routine Inspection					