PLEASE TYPE IN ALL CAPS

TORONTO Building

Installer's Declaration for Electromagnetic Locking Devices

Print | Reset Form

Installed at (address)	Building permit no.

Locations within building

		Yes	No
1.	The building has a Fire Alarm System that complies with subsection 3.2.4 of the OBC or is otherwise acceptable to the Chief Fire Official.	☐	☐
2.	The device releases:		
	a) immediately upon activation of the Fire Alarm System	☐	☐
	b) upon loss of power: (i) to the fire alarm control panel, or	☐	☐
	(ii) to the EMLD and its associated auxiliary controls	☐	☐
	c) upon activation of a manually operated switch controlling all locking devices in the building and accessible only to authorized personnel	☐	☐
	d) upon a fault being detected in the electrical circuit between the fire alarm control panel and the controller of the EMLD	☐	☐
	e) upon activation of the manual pull station that is located no more than 600 mm from the inside frame of the door	☐	☐
3.	There is a manual pull station for the Fire Alarm System located on the wall within 600 mm of the door.	☐	☐
4.	There is a legible sign having the words "EMERGENCY EXIT UNLOCKED BY FIRE ALARM" permanently mounted on the **exit** door and the lettering on the sign is at least 25 mm high with a 5mm stroke.	☐	☐
5.	Emergency lighting is provided at the door(s).	☐	☐
6.	Upon release, all EMLD's can only be reset by manual activation of the switch referred to in 2(c).	☐	☐

The undersigned hereby certifies that the electromagnetic locking device has been installed in a fail-safe mode at the location(s) noted above and meets all the requirements and provisions of the OBC 3.4.6.15.(4),(5),(6),(7) and 3.4.6.17.(3), Canadian Electrical Code, Part I, Section 32 and CAN/ULC-S524-M as applicable **and** the fire alarm system has been verified in accordance with CAN/ULC-S537-M, as per OBC 3.2.4.5.(2). A third party report for the verification, and for the testing of the Fire Alarm System in conformance with CAN/ULC S536, will be submitted.

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MULTIPLE SIGNATURE CLICK HERE

Installer's Name

Company Name

Company Address	Area Code Phone No.

Signature ..... Date .....

The undersigned hereby certifies that the manually operated switch is accessible only to authorized personnel and the operation of these devices is part of the approved FIRE SAFETY PLAN for the building.

Name of Building Owner or Owner's Representative	Position
Address	**Area Code Phone No.**

Signature ..... Date .....

Note: *The installation will not be acceptable to Building and Fire Services unless:*

(i) the device meets all the above requirements,

(ii) this form is completed in full and signed by the Installer and the Building Owner and

(iii) the verification report is attached.

The personal information on this form is collected under the authority of the City of Toronto Act, 1997, Bylaw 894-1999 and the Building Code Act. The personal information will be used for the purpose of contacting the parties responsible for reviewing construction. Questions about this collection can be directed to the Customer Service Manager in the appropriate district: North York 416-395-7000; Toronto and East York 416-392-7539; Scarborough 416-396-7526; Etobicoke York 416-334-8002.