



Certificate of Refrigeration Alarm Completion

FORM MUST BE COMPLETED AND SIGNED BY WAREHOUSE MANAGEMENT (MUST BE MGR OR AGM) AT:

- A. CONCLUSION OF A REFRIGERATION REMODEL BEFORE FINAL PAYMENT WILL BE MADE.
- B. EVERY REFRIGERATION QUARTERLY PREVENTATIVE MAINTENANCE BEFORE FINAL PAYMENT WILL BE MADE.

Refrigeration Contractor is to verify the following equipment is installed and operable. Refrigeration Contractor is to simulate a high priority alarm **in each refrigeration system** and verify the below points occur to validate this system is operating properly

	Yes	No
<ul style="list-style-type: none"> • (2) Audible alarms (usually located next to the strobe lights on outside mezzanine wall; must be visible from the cash registers). When a high priority alarm on any rack system is triggered both audible alarms function and can be heard from the cash registers. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • (2) Strobe lights (must be visible from the cash registers). When a high priority alarm on any rack system is triggered both strobe lights function and can be seen from the cash registers. 	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Remote alarm panel (computer) to view refrigeration alarm system is located and operational on the front end or in the manager's office. When a high priority alarm on any rack system is triggered it must be displayed on this remote alarm panel (computer). 	<input type="checkbox"/>	<input type="checkbox"/>
<p>When a high priority alarm on any rack system is triggered it must relay to the building alarm company via the building alarm relay panel. To validate this, once the high priority alarm has been triggered, have the warehouse manager call the building alarm monitoring center to ensure they received the high priority alarm signal.</p>	<input type="checkbox"/>	<input type="checkbox"/>

Exact Date of Test	Exact Local Time of Test	
Warehouse Number	Warehouse Name	
Alarm Company	Name of Alarm Company Employee who confirmed the alarm signal was received	
Refrigeration Company	Printed Name of Technician	Technician Signature

I have the contact information for the Refrigeration Contractor and the Alarm Company's central station phone number. I understand the procedure for placing calls for service and/or trouble alarms. I witnessed the Alarm Company receive the simulated alarm, and I understand the basic operation of the refrigeration alarm system.

Warehouse MGR/AGM Printed Name	Warehouse MGR/AGM Signature	Date
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AT CONCLUSION OF THIS TEST EMAIL THIS FORM TO THE CORRESPONDING PARTIES:

A. REFRIGERATION REMODEL: Refrigeration Construction Team that awarded the contract with a copy to the warehouse manager

B. QUARTERLY REFRIGERATION PM: Costcorefrigerationteam@costco.com with a copy to the warehouse manager