



Annual Fire Enclosure Test Data-Form

DATA SHEET- Please fill in as many of the details as possible and email to:
info@airpressuretesting.net

Please add a hard copy of the plans or send through drawings in PDF format

Your Company Details

Your Full Name	
Company	
Position	
Company Address – including postcode	
Contact number	
Email address	

Property Description

Property Address – including postcode	
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Enclosure Details

Number of enclosures tests required:	
Description of each enclosure	
Size of each enclosure	
Does the enclosure need fire sealing: if YES please click HERE , please give brief description of the current condition of the enclosure/s envelope?	

We will require the following specific information 5 days prior to our arrival on site:

The Type of Agent used in the Suppression System	
The weight or volume of the Agent that would be discharged	
The initial concentration of the Agent in the room after it has been discharged	
The minimum concentration of the Agent required in the room to suppress a fire.	
The specified retention time for the enclosure	
Elevation of Building above Sea Level to within the nearest 100m	
The Normal Operating Temperature of the room	
The maximum height of the equipment to be protected in the room	

Please save this document and fill in all the relevant details with your name and send to: info@airpressuretesting.net

Once completed the document can be used to plan the annual testing thereafter.

