AFA/ESCAD IP Communication System Interface Test Registration Form

Please return to the Field Operations Business Services after each stage (email: alarms@fire.nsw.gov.au)

AFASP to complete

AFASP ID	2	1			The unique number allocated by FRNSW.
AFASP name					
Test number		The number of AFA/ESCAD IP Communication System Interface Tests performed so far in this series, including the test currently being registered.			
AFASP status *(circle one)*	*New AFASP (applicant)*		*Existing AFASP*		*Test Status*
Test requester *(circle one)*	*FRNSW (mandatory test)*		*AFASP (voluntary test)*		
Test type *(circle one)*	*Acceptance Testing (new or upgraded system)*		*Confirmation Testing (existing, unchanged system)*		
Name of software *(see Note 1 below)*				Version	
AFASP AFA/ESCAD System to be tested *(circle one)*	*Development (Test) System*		*Production (Live) System (see Note 2 below)*		

Application is hereby made to test the above identified AFASP's AFA/ESCAD IP Communication System Interface:

Notes:
  (1) The AFASP is aware that once a test has begun the AFASP must not change the source code of its system.
  (2) If testing its production system, the AFASP acknowledges that it is solely responsible for ensuring that all alarm calls from its connected Alarm Installations occurring during testing are promptly reported to the appropriate FRNSW Communication Centre, in accordance with *Instruction No. 2: AFASP Manual Reporting of Alarm Calls and Communication System Failures* (AFA-I-02).
  (3) A contact from FRNSW will telephone the Contract-nominated AFASP Contact to arrange the test time.

The undersigned is authorised to sign on behalf of the AFASP:

Full name *(print)*		Phone no.	
Signature		Date	__ __ / __ __ / __ __ __ __
Technical contact name		Phone no.	

FRNSW Use Only

FireCOM Systems Manager			
Date registration received	__ __ / __ __ / __ __ __ __		
Date of Test	__ __ / __ __ / __ __ __ __		
Time of Test	__ __ : __ __ hrs		
Signature		Date	__ __ / __ __ / __ __ __ __

FireCOM Systems Manager/Network Administrator					
Test result *(circle)*	*Pass / Fail*	Negative impact classification (fail only)	*Extreme*	*Major*	*Minor*
If fail, reason for failure					
Signature		Date	__ __ / __ __ / __ __ __ __		

Business Services Officer			
AFASP notified of result		Date	__ __ / __ __ / __ __ __ __
FRNSW records updated (FARMS inc. letter dates/AFASP file)		Date	__ __ / __ __ / __ __ __ __
Signature		Date	__ __ / __ __ / __ __ __ __

Related Documents:
- *Instruction No. 2: AFASP Manual Reporting of Alarm Calls and Communication System Failures* (AFA-I-02)
- *Instruction No. 3: AFASP IP Communication System Interface Testing* (AFA-I-03)

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