

Please enter the fire alarm agent document number.

**EMERGENCY WARNING AND INTERCOMMUNICATION SYSTEM**

**AS1670.4 - BATTERY LOG** Rev.20260218

**Fill in all applicable fields.** Complete on screen, or print and fill in by hand in **BLACK PEN** using **BLOCK LETTERS**. If filling by hand, fill circles with a large dot to indicate your answer.

Identification of the Building:			
Site/building name:			
Address:			Postcode:

OR; enter the fire alarm company name:

System components	
Description of system components:	Location of system components:

**All Commissioning Data to Serve as a Basis for Future Service, and including the following:**

1.	Type, quantity and 20 h discharge capacity of batteries required, including date of manufacture (MFT), and name of manufacturer of batteries	Type:		
		Manufacturer:		
		Quantity:		
		Capacity:	V	A/H
		Date of MFT:		
		Standby Time:	24 hrs	72 hrs
		Alarm Time:		
2.	Date of battery installation and manufacturer’s recommended replacement dates		Replace as per AS1851	
3.	Manufacturer’s recommended float voltage at normal ambient temperature and the voltage correction for other temperatures		VDC	
4.	Quiescent current of the EWIS, ancillary loads and that of any other CIE connected		Amps	
5.	Full alarm load current of the EWIS, ancillary loads and that of any other CIE connected		Amps	
6.	The minimum operating voltage of all CIE connected		VDC	

<b>BASELINE DATA — COMMISSIONING</b>	<b>Document No:</b> <input style="width: 100%; height: 20px;" type="text"/>
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**All Commissioning Data to Serve as a Basis for Future Service, and including the following: (continued)**

7.	The battery discharge capacity compensation factor at full load as determined in AS1670.4 (2018) Clause 3.5.6 (c)	
8.	Minimum battery capacity as calculated in AS1670.4 Clause 3.5.6	A/H
9.	Minimum charging current as calculated in AS1670.4 Clause 3.5.7	Amps
10.	Primary Power Source	VAC
11.	Ancillary Circuit Load	Amps

<b>Date of Commissioning:</b>		(dd/mm/yyyy)
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**BATTERY LOG REVIEW**

The results have been reviewed:	Passed	Passed with comments	Fail/Action required
Comments:			

<b>Commissioning Contractor (Business)</b>			
Name:			
Position:			
Signature:		OR; type to sign:	
Date:		(dd/mm/yyyy)	

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