



### Test Schedule Record Sheet

This form may be used to record group test schedule information set during commissioning of the system.  
 Note: individual devices may not be assigned to more than one group.

CONTROL PANEL NAME (max. 32 characters):						
L O O P	GROUP	GROUP NAME	TIME / DATE FOR INITIAL FT	FT INTERVAL (days)	TIME / DATE FOR INITIAL DT	DT INTERVAL (weeks)
Example:						
1	0	Floor 3	03:00 / 01-03-2012	30	03:00 / 08-03-2012	52
1	0					
1	1					
1	2					
1	3					
1	4					
1	5					
1	6					
1	7					
1	8					
1	9					

CONTROL PANEL NAME (max. 32 characters):

L O O P	GROUP	GROUP NAME	TIME / DATE FOR INITIAL FT	FT INTERVAL (days)	TIME / DATE FOR INITIAL DT	DT INTERVAL (weeks)
1	10					
1	12					
1	13					
1	14					
1	15					
2	0					
2	1					
2	2					
2	3					
2	4					
2	5					
2	6					
2	7					
2	8					
2	9					
2	10					

CONTROL PANEL NAME (max. 32 characters):						
L O O P	GROUP	GROUP NAME	TIME / DATE FOR INITIAL FT	FT INTERVAL (days)	TIME / DATE FOR INITIAL DT	DT INTERVAL (weeks)
2	11					
2	12					
2	13					
2	14					
2	15					