INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

TYPE TRANSMISSION
- ❏ McCulloh
- ❏ Multiplex
- ❏ Digital
- ❏ Reverse Priority
- ❏ RF
- ❏ Other (Specify) _____

_____

SERVICE
- ❏ Weekly
- ❏ Monthly
- ❏ Quarterly
- ❏ Semiannually
- ❏ Annually
- ❏ Other (Specify) _____

_____

Control Unit Manufacturer: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Model No.: _____

Last Date System Had Any Service Performed: _____

Last Date that Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____
		_____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity   **Circuit Style**

_____   _____   Bells

_____   _____   Horns

_____   _____   Chimes

_____   _____   Strobes

_____   _____   Speakers

_____   _____   Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity?   ❏ Yes   ❏ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity   **Circuit Style**

_____   _____   Building Temp.

_____   _____   Site Water Temp.

_____   _____   Site Water Level

_____   _____   Fire Pump Power

_____   _____   Fire Pump Running

_____   _____   Fire Pump Auto Position

_____   _____   Fire Pump or Pump Controller Trouble

_____   _____   Fire Pump Running

_____   _____   Generator In Auto Position

_____   _____   Generator or Controller Trouble

_____   _____   Switch Transfer

_____   _____   Generator Engine Running

_____   _____   Other: _____

                                             _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity _____   Style(s) _____

SYSTEM POWER SUPPLIES

a. Primary (Main):   Nominal Voltage _____ , Amps _____

   Overcurrent Protection: Type _____ , Amps _____

   Location (of Primary Supply Panelboard): _____

   Disconnecting Means Location: _____

b. Secondary (Standby):

   _____ Storage Battery: Amp-Hr. Rating _____

   Calculated capacity to operate system, in hours: _____ 24 _____ 60 _____

   _____ Engine-driven generator dedicated to fire alarm system:

   Location of fuel storage: _____

TYPE BATTERY

❏ Dry Cell

❏ Nickel-Cadmium

❏ Sealed Lead-Acid

❏ Lead-Acid

❏ Other (Specify): _____

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

   _____ Emergency system described in NFPA 70, Article 700

   _____ Legally required standby described in NFPA 70, Article 701

   _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❏	❏	_____	_____
Building Occupants	❏	❏	_____	_____
Building Management	❏	❏	_____	_____
Other (Specify)	❏	❏	_____	_____
AHJ (Notified) of Any Impairments	❏	❏	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	❏	❏	_____
Interface Eq.	❏	❏	_____
Lamps/LEDS	❏	❏	_____
Fuses	❏	❏	_____
Primary Power Supply	❏	❏	_____
Trouble Signals	❏	❏	_____
Disconnect Switches	❏	❏	_____
Ground-Fault Monitoring	❏	❏	_____

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	❏		_____
Load Voltage		❏	_____
Discharge Test		❏	_____
Charger Test		❏	_____
Specific Gravity		❏	_____
TRANSIENT SUPPRESSORS	❏		_____
REMOTE ANNUNCIATORS	❏	❏	_____

NOTIFICATION APPLIANCES

TYPE	Visible	Functional	Comments
Audible	❏	❏	_____
Visual	❏	❏	_____
Speakers	❏	❏	_____
Voice Clarity		❏	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
_____	_____	❏	❏	_____	_____	❏	❏
_____	_____	❏	❏	_____	_____	❏	❏
_____	_____	❏	❏	_____	_____	❏	❏
_____	_____	❏	❏	_____	_____	❏	❏
_____	_____	❏	❏	_____	_____	❏	❏
_____	_____	❏	❏	_____	_____	❏	❏

Comments: _____
_____
_____
_____

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	❏	❏	_____
Phone Jacks	❏	❏	_____
Off-Hook Indicator	❏	❏	_____
Amplifier(s)	❏	❏	_____
Tone Generator(s)	❏	❏	_____
Call-in Signal	❏	❏	_____
System Performance	❏	❏	_____

	Visual	Device Operation	Simulated Operation
INTERFACE EQUIPMENT			
(Specify) _____	❏	❏	❏
(Specify) _____	❏	❏	❏
(Specify) _____	❏	❏	❏
SPECIAL HAZARD SYSTEMS			
(Specify) _____	❏	❏	❏
(Specify) _____	❏	❏	❏
(Specify) _____	❏	❏	❏

Special Procedures: _____
_____
_____

Comments: _____
_____
_____
_____
_____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	❏	❏	_____	_____
Alarm Restoration	❏	❏	_____	_____
Trouble Signal	❏	❏	_____	_____
Supervisory Signal	❏	❏	_____	_____
Supervisory Restoration	❏	❏	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	❏	❏	_____	_____
Monitoring Agency	❏	❏	_____	_____
Building Occupants	❏	❏	_____	_____
Other (Specify)	❏	❏	_____	_____

The following did not operate correctly: _____
_____
_____

System restored to normal operation: Date: _____   Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: _____   Date: _____   Time: _____

Signature: _____

Name of Owner or Representative: _____

Date: _____   Time: _____

Signature: _____