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: _____

Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

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 verification feature is disabled _____ enabled _____.

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 of signaling line circuits connected to system *(see NFPA 72, Table 6.6.1)*:

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	Visual	Functional	Comments
Control Unit	❑	❑	
Interface Equipment	❑	❑	
Lamps/LEDS	❑	❑	
Fuses	❑	❑	
Primary Power Supply	❑	❑	
Trouble Signals	❑	❑	
Disconnect Switches	❑	❑	
Ground-Fault Monitoring	❑	❑	

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	❑		
Load Voltage		❑	
Discharge Test		❑	
Charger Test		❑	
Specific Gravity		❑	
TRANSIENT SUPPRESSORS	❑		
REMOTE ANNUNCIATORS	❑	❑	
NOTIFICATION APPLIANCES			
Audible	❑	❑	
Visible	❑	❑	
Speakers	❑	❑	
Voice Clarity		❑	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured 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	❑	❑	

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(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: _____