

# 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	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**SYSTEM TESTS AND INSPECTIONS**

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDS	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

**SECONDARY POWER**

TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

**TRANSIENT SUPPRESSORS**

**REMOTE ANNUNCIATORS**

**NOTIFICATION APPLIANCES**

	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity		<input type="checkbox"/>	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

**INTERFACE EQUIPMENT**

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**SPECIAL HAZARD SYSTEMS**

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SUPERVISING STATION MONITORING**

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

**NOTIFICATIONS THAT TESTING IS COMPLETE**

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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: \_\_\_\_\_