

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: _____

APPROVING AGENCY

CONTACT: _____
TELEPHONE: _____

MONITORING ACCOUNT REF. NO.: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify)

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify)

PANEL MANUFACTURER: _____

MODEL NO.: _____

CIRCUIT STYLES: _____

NO. 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

QTY OF

CIRCUIT STYLE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

MANUAL STATIONS
 ION DETECTORS
 PHOTO DETECTORS
 DUCT DETECTORS
 HEAT DETECTORS
 WATERFLOW SWITCHES
 SUPERVISORY SWITCHES
 OTHER (SPECIFY): _____

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF

CIRCUIT STYLE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

BELLS
 HORNS
 CHIMES
 STROBES
 SPEAKERS
 OTHER (SPECIFY): _____

NO. OF ALARM INDICATING CIRCUITS: _____

ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	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
_____	_____	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 (Panel Number): _____

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
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CONTROL PANEL	<input type="checkbox"/>	<input type="checkbox"/>	_____
INTERFACE EQ.	<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	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NOTIFICATION APPLIANCES			
AUDIBLE	<input type="checkbox"/>	<input type="checkbox"/>	_____
VISUAL	<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	FUNC-TIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS FAIL	
						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) _____
 CALL IN SIGNAL _____
 SYSTEM PERFORMANCE _____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(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: _____

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<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: _____