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FIRE ALARM SYSTEMS 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 revised _____

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 _____.

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ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (specify) _____

Number of alarm notification appliance circuits _____
Are circuits monitored for integrity? ❑ Yes ❑ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building temperature
_____	_____	Site water temperature
_____	_____	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.

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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 Applicances			
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 _____

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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 _____