INSPECTION AND TESTING FORM

Date: _____

Time: _____

SERVICE ORGANIZATION	PROPERTY NAME (USER)
Name: _____	Name: _____
Address: _____	Address: _____
Representative: _____	Owner Contact: _____
License No: _____	
Telephone: _____	Telephone: _____

MONITORING ENTITY	APPROVING AGENCY
Contact: _____	Contact: _____
Telephone: _____	Telephone: _____
Monitoring Account Ref No: _____	

TYPE TRANSMISSION

☐ McCulloh
☐ Multiplex
☐ Digital
☐ Reverse Priority
☐ RF
☐ Other (specify) _____

Panel Manufacturer: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rec.: _____

SERVICE

☐ Weekly
☐ Monthly
☐ Quarterly
☐ Semiannually
☐ Annually
☐ Other (specify) _____

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 Stations
_____	_____	....................................Ion Detectors
_____	_____	.... Photo Detectors
_____	_____	....................................Duct Detectors
_____	_____	....................................Heat Detectors
_____	_____	....................................Waterflow Switches
_____	_____	....................................Supervisory Switches
_____	_____	....................................Other (Specify): _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION Quantity

Quantity **Circuit Style**

_____ _____ ....Bells
_____ _____ ....Horns
_____ _____ ....Chimes
_____ _____ ....Strobes
_____ _____ ....Speakers
_____ _____ ....Other (Specify): _____

No. of alarms indicating circuits: _____

Are circuits supervised: _____

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 Control Trouble
_____ _____ ....Fire Pump Running
_____ _____ ....Generator in Auto Position
_____ _____ ....Generator or Control 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

<u>Primary (Main)</u>

Nominal Voltage: _____ Amps: _____

Overcurrent Protection: Type _____ Amps: _____

Location (Panel Number): _____

Disconnecting Means Location: _____

<u>Secondary (Standby)</u>

_____ 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

☐ Other (Specify): _____

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

Notification are Made	Yes	No	Who	Time
Monitoring Entity	☐	☐	_____	_____
Building Occupants	☐	☐	_____	_____
Building Management	☐	☐	_____	_____
Other (Specify)	☐	☐	_____	_____
AHJ (Notified) of Any Impairments	☐	☐	_____	_____

STEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Panel	☐	☐	_____
Interface Eq	☐	☐	_____
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	☐	☐	_____
Specific Gravity	☐	☐	_____
TRANSIENT SUPPRESSORS	☐	☐	_____
REMOTE ANNUNCIATORS	☐	☐	_____
NOTIFICATION APPLIANCES	☐	☐	_____
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

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

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

Special Procedures: _____

_____

_____

_____

Comments: _____

_____

_____

_____

ON/OFF PREMISES MONITORING	Yes	No	Time	Comments
Alarm Signal	☐	☐	_____	_____
Alarm Restoral	☐	☐	_____	_____
Trouble Signal	☐	☐	_____	_____
Supervisory Signal	☐	☐	_____	_____
Supervisory Restoration	☐	☐	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Time	Who
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 UM Representative: _____ Date: _____ Time: _____

Signature: _____