

FIRE ALARM INSPECTION & TEST REPORT

BRANCH PHONE NUMBER: _____

NATIONAL ACCOUNT NUMBER: 1-800-776-7181

DATE _____	ADDITIONAL BUILDING DATA _____
SITE _____	CONTACT _____
ADDRESS _____	PHONE _____
CITY _____	STATE _____ ZIP _____
MONITORING ENTITY _____	PHONE _____

This inspection is: Annual Semi-Annual Quarterly Monthly Weekly Other _____

Type Transmission	Digital	Multiplex	McCulloh	Reverse Polarity	RF	Other
Panel Manufacturer	Model Number		Type	Addressable	Hard Wired	

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Manual Stations			Heat Detectors
		ION Detectors			Waterflow Switches
		Photo Detectors			Supervisory Switches
		Duct Detectors			

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Bells			Strobes
		Horns			Horn/Strobes
		Speakers			
		Chimes			

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty of devices	Circuit Class	Type of device	Qty of devices	Circuit Class	Type of device
		Building Temp			Generator or Controller Trouble
		Site Water Temp			Generator Engine Running
		Site Water Level			Generator in Auto Position
		Fire Pump Running			Switch Transfer
		Fire Pump or Pump Controller Trouble			
		Fire Pump Power			
		Fire Pump Auto Position			

SIGNALING LINE CIRCUITS

Qty and Style of Signaling line circuits connected to system	Qty	Style(s)
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SYSTEM POWER SUPPLIES

A. Primary (Main): Nominal Voltage	FUSE		AMPS	
Over Current Protection: Type	Circuit Breaker		AMPS	
Location (Primary Supply Panelboard)	Disconnecting Means Location (Fuse or Breaker #)			
B. Secondary (Standby): Storage Battery	Other:	AMP HR Rating		
Calculated capacity to operate system, in hours	24	60	Other:	
Engine-Driven generator dedicated to fire alarm system. Location of fuel storage:				

TYPE BATTERY

Dry Cell	Nickel Cadmium	Sealed Lead-Acid	Lead-Acid	Other:
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	NA	No	Who	Time
Building Management					
Monitoring Entity					
Other:					

SECONDARY POWER

Type	Visual	Functional	NA	Comments
Battery Condition				
Load Voltage				
Discharge Test				
Amp Hour Reading				
Specific Gravity				
Batteries Meet NFPA 72 Test Requirements:				Yes No NA

INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS
(ON SEPARATE FORM) - # OF PAGES ATTACHED EMERGENCY COMMUNICATIONS EQUIPMENT _____

SYSTEM TESTS & INSPECTIONS

Type	Visual	Functional	NA	Comments	Type	Visual	Functional	NA	Comments
Control Panel					Transient Suppressors				
Interface Equipment					Remote Annunciators				
Lamps/LEDS					Audible				
Fuses					Visual				
Primary Power Supply					Speakers				
Trouble Signals					Voice Clarity				
Disconnect Switches					Door Holders				
Ground Fault Monitor					Door Unlock				

Type	Visual	Functional	NA	Comments	Interface Equipment	Visual	Functional	NA	Comments
Phone Set					Elevator Recall				
Phone Jack					HVAC Shut Down				
Off-Hook Indicator					Specify:				
Amplifier(s)					Special Hazards	Visual	Functional	NA	Comments
Tone Generators					Specify:				
Call in Signal Silence					Specify:				
System Performance					Specify:				

SUPERVISING STATION MONITORING	Yes	NA	No	Time	Comments
Alarm Signal					
Alarm Restoral					
Trouble Signal					
Trouble Restoral					
Supervisory Signal					
Supervisory Restoral					

NOTIFIED TESTING COMPLETE	Yes	NA	No	Who	Time
Building Management					
Monitoring Entity					
Other:					

HAS SENSITIVITY BEEN COMPLETED AS PER NFPA 72 OR LOCAL STATE CODES: YES NO NA

Year Sensitivity Testing Completed: Year Sensitivity Testing Due: How Was Sensitivity Tested:

WHILE PERFORMING THE INSPECTION ADDITIONAL ITEMS WERE NOTED THAT NEED CORRECTED: YES NO NA

Explanation of "NO" answers, system deficiencies, and/or inspector recommendations are listed on SERVICE FOLLOW UP # _____ , attached to this form.

No SERVICE FOLLOW UP REPORT was required during this inspection.

I state that the information on this form is correct at the time and place of this inspection. All test and inspections were performed in accordance with applicable NFPA 72 test and inspection sections. All equipment tested at this time was left in operational condition upon completion of this inspection except as noted on any SERVICE FOLLOW UP REPORT as stated above.

Name of Inspector _____ Signature _____ Certification # _____

I acknowledge that the inspection, deficiencies, and suggested improvements were discussed with me upon completion of the inspection. It is understood that all information contained herein is provided to the best of the knowledge of the person providing the information and that, if requested, will be forwarded to the authority having jurisdiction.

Name of Owner or Representative _____ Signature _____

