

# FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

**DATE:** \_\_\_\_\_  
**TIME:** \_\_\_\_\_

**SERVICE COMPANY**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative: \_\_\_\_\_  
License No.: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**PROPERTY NAME**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**MONITORING COMPANY**

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: \_\_\_\_\_  
Circuit Styles: \_\_\_\_\_  
Number of Circuits: \_\_\_\_\_  
Software Rev.: \_\_\_\_\_  
Last Date System Had Any Service Performed: \_\_\_\_\_  
Last Date that Any Software or Configuration Was Revised: \_\_\_\_\_

Model No.: \_\_\_\_\_

## 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**

	<b>Quantity</b>	<b>Circuit Style</b>
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**

	<b>Quantity</b>	<b>Circuit Style</b>
Building Temp.	_____	_____
Site Water Temp.	_____	_____
Site Water Level	_____	_____
Fire Pump Power	_____	_____
Fire Pump Running	_____	_____
Fire Pump Auto Position	_____	_____
Fire Pump or Pump Controller Trouble	_____	_____
Generator in Auto Position	_____	_____
Generator or Controller Trouble	_____	_____
Switch Transfer	_____	_____
Generator Engine Running	_____	_____
Other (Specify): _____	_____	_____

**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**

	<b>YES</b>	<b>NO</b>	<b>WHO</b>	<b>TIME</b>
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"/>	_____	_____

**SYSTEMS TESTS AND INSPECTIONS**

<b>TYPE</b>	<b>Visual</b>	<b>Functional</b>	<b>Comments</b>
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**

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

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

<b>Loc. &amp; S/N</b>	<b>Device Type</b>	<b>Visual Check</b>	<b>Functional Test</b>	<b>Factory Setting</b>	<b>Measured Setting</b>	<b>Pass</b>	<b>Fail</b>
_____	_____	<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                      Time                      Who**

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: \_\_\_\_\_