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 Rev.: _____

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 _____.

(NFPA Inspection and Testing, 1 of 4)

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	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

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 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.

(NFPA Inspection and Testing, 2 of 4)

FIGURE 10.6.2.3 *Continued*

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 APPLIANCES			
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: _____

(NFPA Inspection and Testing, 3 of 4)

FIGURE 10.6.2.3 *Continued*

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: _____

(NFPA Inspection and Testing, 4 of 4)

FIGURE 10.6.2.3 *Continued*