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: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

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 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

TYPE	Visual	Functional	Comments
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	❏	❏	_____

	Visual	Device Operation	Simulated Operation
INTERFACE EQUIPMENT			
(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*