

Figure 7-5.2.2 Example of an inspection and testing form.

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

DATE: _____

TIME: _____

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.: _____

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): _____

(NFPA Inspection and Testing 1 of 4)

Figure 7-5.2.2 (Continued)

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 (See NFPA 72, Table 3-6) of signaling line circuits connected to system:		
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		
<input type="checkbox"/> Dry Cell		
<input type="checkbox"/> Nickel-Cadmium		
<input type="checkbox"/> Sealed Lead-Acid		
<input type="checkbox"/> Lead-Acid		
<input type="checkbox"/> 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 7-5.2.2 (Continued)

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE	Yes	No	Who	Time			
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"/>	_____	_____			
SYSTEM TESTS AND INSPECTIONS							
TYPE	Visible	Functional	Comments				
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Interface Eq.	<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							
TYPE	Visible	Functional	Comments				
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"/>	<input type="checkbox"/>	_____				
Visual	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Voice Clarity		<input type="checkbox"/>	_____				
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
_____	_____	<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: _____							

Figure 7-5.2.2 (Continued)

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	Who	Time
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: _____					

(NFPA Inspection and Testing 4 of 4)