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 Contractor _____ Date: _____ Time: _____

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____

Name of Certified Installer _____ Date: _____ Time: _____

Signature: _____

FIGURE 10.6.2.3 *Continued*

(NFPA Inspection and Testing, 4 of 4)
GSFIC Modified