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

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) _____

_____

Panel 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 Stations
_____	_____	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 indicating circuits: _____

Are circuits supervised?   ❏ 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 (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 (Panel Number): _____

    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 7-5.2.2 *(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: _____
_____
_____
_____

ON/OFF PREMISES MONITORING	Yes	No	Time	Comments
Alarm Signal	☐	☐	_____	_____
Alarm Restoral	☐	☐	_____	_____
Trouble Signal	☐	☐	_____	_____
Supervisory Signal	☐	☐	_____	_____
Supervisory Restoral	☐	☐	_____	_____

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 7-5.2.2 *(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 Panel	☐	☐	_____
Interface Eq.	☐	☐	_____
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

	Visual	Functional	Comments
Audible	☐	☐	_____
Visual	☐	☐	_____
Speakers	☐	☐	_____
Voice Clarity	☐		_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
		☐	☐			☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐

Comments: _____
_____
_____
_____

(NFPA Inspection and Testing 3 of 4)