



INSPECTION & TESTING RECORD

Complete one record per system inspection. Check all that apply.

Date: _____

Time: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Acct Ref. No.: _____

TYPE OF TRANSMISSION

☐ McCulloh

☐ Multiplex

☐ Digital

☐ Reverse Priority

☐ RF

☐ Other: _____

Control Unit Manufacturer: _____

Circuit Styles: _____

Software Rev.: _____

Last date system had any service performed: _____

Last date any software or configuration was revised: _____

ALARM-INITIATING DEVICES & CIRCUIT INFORMATION

Quantity	Circuit Style	Device Type
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

Alarm verification feature is: ☐ Disabled ☐ Enabled



ALARM NOTIFICATION APPLIANCES & CIRCUIT INFORMATION

Quantity	Circuit Style	Device / Function
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____ Monitored for integrity? ☐ Yes ☐ No

SUPERVISORY SIGNAL-INITIATING DEVICES & CIRCUIT INFORMATION

Quantity	Circuit Style	Device / Function
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump / Controller Trouble
_____	_____	Generator In Auto Position
_____	_____	Generator / Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity: _____ Style(s): _____
Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1).

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 Other: _____
Engine-driven generator dedicated to fire alarm system? ☐ Yes ☐ No Fuel storage loc.: _____
TYPE BATTERY: ☐ Dry Cell ☐ Nickel-Cadmium ☐ Sealed Lead-Acid ☐ Lead-Acid ☐ Other: _____



PRIOR TO ANY TESTING

	Yes	No	Who	Time
Monitoring Entity	☐	☐	_____	_____
Building Occupants	☐	☐	_____	_____
Building Management	☐	☐	_____	_____
Other (Specify)	☐	☐	_____	_____
AHJ Notified of Any Impairments	☐	☐	_____	_____

SYSTEM TESTS & INSPECTIONS

	Visual	Functional	Comments
Control Unit	☐	☐	_____
Interface Equipment	☐	☐	_____
Lamps / LEDs	☐	☐	_____
Fuses	☐	☐	_____
Primary Power Supply	☐	☐	_____
Trouble Signals	☐	☐	_____
Disconnect Switches	☐	☐	_____
Ground-Fault Monitoring	☐	☐	_____

SECONDARY POWER

	Visual	Functional	Comments
Battery Condition	☐		_____
Load Voltage		☐	_____
Discharge Test		☐	_____
Charger Test		☐	_____
Specific Gravity		☐	_____

NOTIFICATION APPLIANCES

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

INITIATING & SUPERVISORY DEVICE TESTS & INSPECTIONS

Loc. & S/N	Device Type	Visual	Functional	Factory Set	Measured Set	Pass	Fail
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐
_____	_____	☐	☐	_____	_____	☐	☐

Comments: _____



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 Op.	Simulated Op.
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐
(Specify):	☐	☐	☐

SPECIAL HAZARD SYSTEMS

	Visual	Device Op.	Simulated Op.
(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 / Representative: _____ Date: _____ Time: _____

Signature: _____