

Fire Alarm Inspection and Testing Form Record

To be completed and retained by the owner or owner's representative.

From NFPA 72/2007:

10.6.2 Maintenance, Inspection and Testing Records.

10.6.2.1 Records shall be retained until the next test and for 1 year thereafter.

10.6.2.2 The records shall be on a medium that will survive the retention period. Paper or electronic media shall be permitted.

10.6.2.3 A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests, and all the applicable information requested on the attached **Fire Alarm Inspection and Testing Form**.

1. Date
2. Test frequency
3. Name of property
4. Address
5. Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number
6. Name, address, and representative of approving agency(ies)
7. Designation of the detector(s) tested, for example "Tests performed in accordance with Section _____."
8. Functional test of detectors
9. Functional test of required sequence of operations
10. Check of all smoke detectors
11. Loop resistance for all fixed-temperature, line-type heat detectors
12. Other tests as required by the equipment manufacturer's published instructions
13. Other tests as required by the authority having jurisdiction
14. Signatures of tester and approved authority representative
15. Disposition of problems identified during test (e.g., owner notified, problem corrected/successfully retested, device abandoned in place)

FIRE ALARM INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License Number: _____

Telephone: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

MONITORING AGENCY

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 Number: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	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 AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bells
 Horns
 Chimes
 Strobes
 Speakers
 Others (Specify) _____

No. of alarm notification appliance circuits: _____
 Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Building Temp.
 Site Water Temp.
 Site Water Level
 Fire Pump Power
 Fire Pump Running
 Fire Pump Auto Position
 Fire Pump of 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): _____
 (b) Secondary (Standby): _____ Storage Battery: Amp-Hr Rating _____
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Lead-Acid
 Nickel-Cadmium Other (Specify): _____
 Sealed Lead-Acid
 (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

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	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<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	Visual	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"/>	_____
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REMOTE ANNUNCIATORS

<input type="checkbox"/>	_____
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NOTIFICATION APPLIANCES

Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visible	<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	Measured 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: _____

EMERGENCY COMMUNICATION 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"/>	_____

	Visual	Device Operation	Simulated Operation
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT			
(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"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATION 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 _____