

NORRISTOWN FIRE DEPARTMENT FIRE ALARM SYSTEM INSPECTION AND TESTING FORM



Company License Number: _____ **Date:** _____ **Start Time:** _____ **End Time:** _____

Property Name: _____

Monitoring Facility: _____

Address: _____

Telephone: _____

City: _____ **State:** _____ **Zip:** _____

Ref/Acct Number: _____

Phone: _____ **Contact:** _____

Approving Agency: _____

Name/Contact: _____

Telephone: _____

Type Transmission: ___ Digital ___ Multiplex ___ RF **Service:** ___ Monthly ___ Quarterly ___ Semi-Annual

___ Other (Please Specify) _____ ___ Annual ___ Other (Please Specify) _____

System Information:

Panel Manufacturer: _____ **Circuit Styles:** _____

Model Number: _____ **Software Rev:** _____ **Number of Circuits:** _____

Last Date System Serviced: _____ **Last Date Software/Config Changed:** _____

Alarm Initiation Devices and Circuit Information:

	<u>Quantity</u>	<u>Circuit Style</u>	<u>Comments</u>
Manual Pull Stations	_____	_____	_____
Ion Smoke Detectors	_____	_____	_____
Photo Smoke Detectors	_____	_____	_____
Duct Detectors	_____	_____	_____
Heat Detectors	_____	_____	_____
Waterflow Switches	_____	_____	_____
Supervisory Switches	_____	_____	_____
Other (Please Specify)	_____	_____	_____
Other (Please Specify)	_____	_____	_____

Alarm Notification Appliances and Circuit Information

	<u>Quantity</u>	<u>Circuit Style</u>	<u>Comments</u>
Bells	_____	_____	_____
Horns	_____	_____	_____

Strobes _____

Horn/Strobes _____

Sirens _____

Speakers _____

Chimes _____

Other (Please Specify) _____

Other (Please Specify) _____

Number of Indicating Circuits: _____ Are circuits Supervised? (Y/N) ____ Yes ____ No

Supervisory Signal- Initiating Devices and Circuit Information

	Quantity	Circuit Style	Comments
Building Temp	_____	_____	_____
Site Water Temp	_____	_____	_____
Site Water Level	_____	_____	_____
Fire Pump Power	_____	_____	_____
Fire Pump Running	_____	_____	_____
Fire Pump Auto Position	_____	_____	_____
Fire Pump or Pump Controller Trbl	_____	_____	_____
Generator in Auto Position	_____	_____	_____
Generator or Controller Trouble	_____	_____	_____
Switch Transfer	_____	_____	_____
Generator Engine Running	_____	_____	_____
Other (Please Specify)	_____	_____	_____
Other (Please Specify)	_____	_____	_____

Signaling Line Circuits: Quantity: _____ Circuit Style(s): _____

System Power Supplies

a) Primary (Main): Nominal Voltage: _____ Amps: _____

Overcurrent Protection: Type: _____ Amps: _____ Location: _____

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: _____

b) Secondary (Standby):

____ Storage Battery:

Number of Batteries: _____ Amp-Hr. Rating Each: _____ Total Amp-Hour Rating: _____

Calculated capacity to operating system, in hours: ____ 24 ____ 60 ____ Other: _____

Comments: _____

Notification Circuit List Information

Comments: _____

Additional Modules, Expanders, Power Supplies, Etc.

<u>Device</u>	<u>Location</u>

Prior to any Testing

<u>Notifications are Made</u>	<u>Yes</u>	<u>No</u>	<u>Who</u>	<u>Time</u>
Monitoring Facility	_____	_____	_____	_____
Building Management	_____	_____	_____	_____
Building Occupants	_____	_____	_____	_____
Other (Please Specify)	_____	_____	_____	_____
AJH (Notified) of any impairments	_____	_____	_____	_____

System Tests and Inspections

<u>Type</u>	<u>Visual</u>	<u>Functional</u>	<u>Comments</u>
Control Panel	_____	_____	_____
Interface Equipment	_____	_____	_____
Lamps/LEDS	_____	_____	_____
Fuses	_____	_____	_____
Primary Power Supply	_____	_____	_____
Trouble Signals	_____	_____	_____
Disconnect Switches	_____	_____	_____
Ground Fault Monitoring	_____	_____	_____

Secondary Power

<u>Type</u>	<u>Visual</u>	<u>Functional</u>	<u>Comments</u>
Battery Condition	_____	_____	_____
Load Voltage	_____	_____	_____
Discharge Test	_____	_____	_____
Charger Test	_____	_____	_____
Specific Gravity	_____	_____	_____
Transient Suppressors	_____	_____	_____
Remote Annunciators	_____	_____	_____
Notification Appliances			
Audible	_____	_____	_____
Visual	_____	_____	_____
Speakers	_____	_____	_____
Voice Clarity	_____	_____	_____

Emergency Communications Equipment

	<u>Visual</u>	<u>Functional</u>	<u>Comments</u>
Phone Sets	___	___	_____
Phone Jacks	___	___	_____
Off-Hook Indicator	___	___	_____
Amplifier(s)	___	___	_____
Tone Generator(s)	___	___	_____
Call-In Signal	___	___	_____
System Performance	___	___	_____

Interface Equipment	<u>Visual</u>	<u>Device Operation</u>	<u>Simulated Operation</u>	<u>Comments</u>
_____	___	___	___	_____
_____	___	___	___	_____
_____	___	___	___	_____

Special Hazards Systems

_____	___	___	___	_____
_____	___	___	___	_____

Special Procedures: _____

Comments: _____

Initiating and Supervisory Device Tests and Inspections

Loc and S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Sens Before/After	Pass/Fail
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___
_____	_____	___	___	___	___/___	___ ___

System Returned 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: _____

Signature: _____ Date: _____ Time: _____