



Office of the State Fire Marshal-Fire Prevention Division  
FIRE ALARM ANNUAL INSPECTION AND TESTING FORM

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

**SERVICE ORGANIZATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Representative: \_\_\_\_\_

License No.: \_\_\_\_\_

Telephone: \_\_\_\_\_

**PROPERTY NAME**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

**MONITORING ENTITY**

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Monitoring Account Ref. No.: \_\_\_\_\_

**APPROVED AGENCY**

Contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

**TYPE TRANSMISSION**

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) \_\_\_\_\_

**SERVICE**

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) \_\_\_\_\_

Control Unit Manufacturer: \_\_\_\_\_

Model No.: \_\_\_\_\_

Circuit Styles: \_\_\_\_\_

Number of Circuits: \_\_\_\_\_

Software Rev.: \_\_\_\_\_

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 \_\_\_\_\_.

**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 or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

**SIGNAL 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
- 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.

**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**

Visual	Functional	Comments
<input type="checkbox"/>		_____

**REMOTE ANNUNCIATORS**

Visual	Functional	Comments
<input type="checkbox"/>	<input type="checkbox"/>	_____

**NOTIFICATION APPLIANCES**

Visual	Functional	Comments
Audible	<input type="checkbox"/>	_____
Visible	<input type="checkbox"/>	_____
Speakers	<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 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**

**Operation**

**Simulated**

**Operation**

(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: \_\_\_\_\_

Systems 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: \_\_\_\_\_