

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

*To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.*

Date of this inspection or test: _____ Time of inspection or test: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

Description of property: _____

Occupancy type: _____

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Authority having jurisdiction over this property: _____

Phone: _____ Fax: _____ E-mail: _____

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Service technician or tester: _____

Qualifications of technician or tester: _____

A contract for test and inspection in accordance with NFPA standards is in effect as of: _____

The contract expires: _____ Contract number: _____ Frequency of tests and inspections: _____

Monitoring organization for this equipment: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Entity to which alarms are retransmitted: _____ Phone: _____

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify): _____

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition: _____ Additional description of system(s): _____

3.1 Control Unit

Manufacturer: _____ Model number: _____

3.2 Mass Notification System

This system does not incorporate an MNS.

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone Wide-area MNS Distributed recipient MNS

Other (specify): _____

3.2.2 System Features:

Combination fire alarm/MNS MNS ACU only Wide-area MNS to regional national alerting interface

Local operating console (LOC) Direct recipient MNS (DRMNS) Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface

Other (specify): _____

3.3 System Documentation

An owner’s manual, a copy of the manufacturer’s instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location: _____

3.4 System Software

This system does not have alterable site-specific software.

Software revision number: _____ Software last updated on: _____

A copy of the site-specific software is stored on site. Location: _____

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: _____ Control panel amps: _____

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.1.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: _____ EVACS or MNS panel amps: _____

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

4.2.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): _____ Power extender panel amps: _____

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

4.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: _____

Location of UPS system: _____

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system: _____

In standby mode (hours): _____ In alarm mode (minutes): _____

Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: _____

Annunciator 2: _____

Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____

Building management Contact: _____ Time: _____

Building occupants Contact: _____ Time: _____

Authority having jurisdiction Contact: _____ Time: _____

Other, if required Contact: _____ Time: _____

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

| Description | Visual Inspection | Functional Test | Comments |
|-------------------------|--------------------------|--------------------------|----------|
| Control unit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lamps/LEDs/LCDs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuses | <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"/> | |
| Supervision | <input type="checkbox"/> | <input type="checkbox"/> | |
| Local annunciator | <input type="checkbox"/> | <input type="checkbox"/> | |
| Remote annunciators | <input type="checkbox"/> | <input type="checkbox"/> | |
| Power extender panels | <input type="checkbox"/> | <input type="checkbox"/> | |
| Isolation modules | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

| Description | Visual Inspection | Functional Test | Comments |
|-----------------------|--------------------------|--------------------------|----------|
| 120-volt power | <input type="checkbox"/> | <input type="checkbox"/> | |
| Generator or UPS | <input type="checkbox"/> | <input type="checkbox"/> | |
| Battery condition | <input type="checkbox"/> | <input type="checkbox"/> | |
| Load voltage | <input type="checkbox"/> | <input type="checkbox"/> | |
| Discharge test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Charger test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

| Description | Visual Inspection | Functional Test | Comments |
|---|--------------------------|--------------------------|----------|
| Control unit | <input type="checkbox"/> | <input type="checkbox"/> | |
| Lamps/LEDs/LCDs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Primary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Secondary 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"/> | |
| Panel supervision | <input type="checkbox"/> | <input type="checkbox"/> | |
| System performance | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient _____ dBA Alarm _____ dBA (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.4 Notification Appliance Power Extender Panels

| Description | Visual Inspection | Functional Test | Comments |
|-------------------------|--------------------------|--------------------------|----------|
| Lamps/LEDs/LCDs | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Primary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Secondary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| Trouble signals | <input type="checkbox"/> | <input type="checkbox"/> | |
| Ground-fault monitoring | <input type="checkbox"/> | <input type="checkbox"/> | |
| Panel supervision | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7.5 Mass Notification Equipment

| Description | Visual Inspection | Functional Test | Comments |
|----------------------------------|--------------------------|--------------------------|----------|
| Functional test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Reset/power down test | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fuses | <input type="checkbox"/> | <input type="checkbox"/> | |
| Primary power supply | <input type="checkbox"/> | <input type="checkbox"/> | |
| UPS power test | <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"/> | |
| CCU security mechanism | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prerecorded message content | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prerecorded message activation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Software backup performed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Test backup software | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire alarm to MNS interface | <input type="checkbox"/> | <input type="checkbox"/> | |
| MNS to fire alarm interface | <input type="checkbox"/> | <input type="checkbox"/> | |
| In-building MNS to wide-area MNS | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

| Description | Visual Inspection | Functional Test | Comments |
|---|--------------------------|--------------------------|----------|
| MNS to direct recipient MNS | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient _____ dBA Alarm _____ dBA (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7.6 Two-Way Communications Equipment

| Description | Visual Inspection | Functional Test | Comments |
|---|--------------------------|--------------------------|----------|
| Phone handsets | <input type="checkbox"/> | <input type="checkbox"/> | |
| Phone jacks | <input type="checkbox"/> | <input type="checkbox"/> | |
| Off-hook indicator | <input type="checkbox"/> | <input type="checkbox"/> | |
| Call-in signal | <input type="checkbox"/> | <input type="checkbox"/> | |
| System performance | <input type="checkbox"/> | <input type="checkbox"/> | |
| System audibility | <input type="checkbox"/> | <input type="checkbox"/> | |
| System intelligibility | <input type="checkbox"/> | <input type="checkbox"/> | |
| Radio communications enhancement system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Area of refuge communication system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator emergency communications system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.7 Combination Systems

| Description | Visual Inspection | Functional Test | Comments |
|--|--------------------------|--------------------------|----------|
| Fire extinguishing monitoring devices/system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Carbon monoxide detector/system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Combination fire/security system | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7.8 Special Hazard Systems

| Description (specify) | Visual Inspection | Functional Test | Comments |
|-----------------------|--------------------------|--------------------------|----------|
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure pre-discharge notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

| Description (specify) | Visual Inspection | Functional Test | Comments |
|-----------------------------|--------------------------|--------------------------|----------|
| Engine-driven generator | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire pump | <input type="checkbox"/> | <input type="checkbox"/> | |
| Special suppression systems | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

| Description | Visual Inspection | Functional Test | Comments |
|--------------------------------|--------------------------|--------------------------|----------|
| Door-releasing devices | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fan shutdown | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke management/smoke control | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke damper operation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Smoke shutter release | <input type="checkbox"/> | <input type="checkbox"/> | |
| Door unlocking | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator recall | <input type="checkbox"/> | <input type="checkbox"/> | |
| Elevator shunt trip | <input type="checkbox"/> | <input type="checkbox"/> | |
| MNS override of FA signals | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | |

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

| Description | 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 restoration | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Supervisory signal | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Supervisory restoration | <input type="checkbox"/> | <input type="checkbox"/> | | |

8. NOTIFICATIONS THAT TESTING IS COMPLETE

| | | |
|-------------------------------|----------------|-------------|
| Monitoring organization | Contact: _____ | Time: _____ |
| Building management | Contact: _____ | Time: _____ |
| Building occupants | Contact: _____ | Time: _____ |
| Authority having jurisdiction | Contact: _____ | Time: _____ |
| Other, if required | Contact: _____ | Time: _____ |

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed: _____ Printed name: _____ Date: _____
Organization: _____ Title: _____ Phone: _____

