

APPENDIX

C

FIRE

DETECTION

TESTING

DOCUMENTS



Acceptance
 Quarterly
 Semi-Annual
 Annual

Date:
Customer P.O. #
Technician:
ST Job#:
Date Needed:

Ship To:

Primary Contact Info:

Special Instructions:

Fire Alarm Test & Inspection Conducted in Accordance with NFPA 72

1. MONITORING INFORMATION

Monitoring Organization: _____ Phone: _____
 Account number: _____ Phone line 1: _____ Phone line 2: _____
 Means of transmission: _____
 Entity to which alarms are retransmitted: _____ Phone: _____

2. DOCUMENTATION

Onsite location of the required record documents and site-specific software:
 Yes: _____ No: _____ Location: _____

3. DESCRIPTION OF SYSTEM OR SERVICE

Control unit type: _____

3.1 Control Unit

Loop/Zone quantity: _____

Manufacturer: _____ Model number: _____

3.2 Software Firmware

Firmware revision number: _____

3.3 System Power

3.3.1 Primary (Main) Power

Nominal voltage: _____ B-Lock: _____ Location: _____

Overcurrent protection type: _____ Amps: _____

Main Panel Battery Charging

Circuit Voltage:

Battery Location	Battery Size V/AH	Test Volts	Test Amps	Install Date
	/	/	/	/
	/	/	/	/

4. DESCRIPTION OF SYSTEM OR SERVICE (continued)

4.3.2 Secondary Power

Battery type (if applicable): _____

Calculated capacity of batteries to drive the system: In

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

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

Brand/Model	Panel #	Location	Battery Size V/AH	Test Volts	Test Amps	Date	Chg Cir Voltage
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	
			/	/	/	/	

5. TESTING RESULTS

5.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit			
Lamps/LEDs/LCDs			
Trouble signals			
Supervision			
Local annunciator			
Remote annunciators			
Remote power panels			

5.1.1 Sensitivity Testing:

Date Last Sensitivity Testing was completed, or N/A if not Required:

5.2 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal				
Alarm restoration				
Trouble signal				
Trouble restoration				
Supervisory signal				
Supervisory restoration				

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6. REMOTE ANNUNCIATORS

Brand/Model	Location

7. INITIATING DEVICES (Refer to device list)

Partial Inspection:

Full Inspection:

Type	Quantity	Addressable	Conventional	Alarm or Supervisory	Sensing Technology
Manual Pull Stations					
Smoke Detectors					
Beam Detectors					
Duct Smoke Detectors					
Heat Detectors					
Gas Detectors					
Waterflow Switches					
Tamper Switches					
Building Temp Site					
Water Temp Site					
Water Level Fire					
Pump Power Fire					
Pump Running					
Fire Pump Auto Position					
Fire Pump Trouble					
Fire Pump Running Generator					
Controller Trouble Transfer					
Generator Engine Running					

8. NOTIFICATION APPLIANCES (Refer to device list)

Partial Inspection:

Full Inspection:

Type	Quantity	Description
Horn		
Strobe		
Speaker		
Horn/Strobe		
Speaker/Strobe		
Bell		
Other		

SYSTEM RECORD OF INSPECTION AND TESTING (continued)

In-Building Fire Emergency Voice Alarm Communication System

Voice System Not Installed at Location

Manufacturer: _____ Model number: _____

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of speakers: _____ Number of speaker circuits: _____

Location of amplification and sound processing equipment: _____

Location of paging microphone stations:

Location 1: _____

Location 2: _____

Location 3: _____

9. SYSTEM CONTROL FUNCTIONS

Type	Tested			Quantity
	Yes	No	N/A	
Hold-Open Door Releasing Devices	Yes	No	N/A	
HVAC Shutdown	Yes	No	N/A	
Fire/Smoke Dampers	Yes	No	N/A	
Door Unlocking	Yes	No	N/A	
Elevator Recall	Yes	No	N/A	
Elevator Shunt Trip	Yes	No	N/A	
Pre-Action System	Yes	No	N/A	

10. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

11. NOTES

Sales Information:

Customer wants quote on deficiency: Yes: _____ No: _____	Technician: _____	License/Permit: _____	Date: _____
Customer E-mail: _____	Customer Printed Name: _____		Date: _____
Fire Department: _____			

On _____ the above system was tested and inspected (with the above exceptions noted) in accordance to the Manufacturer's Published guidelines and was found to function to those guidelines. No further warranties or guarantees are either expressed or implied. Instruction of the operation sequence of this system has been performed.