

# 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	___	___	_____

<b>Interface Equipment</b>	<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**

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







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**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: \_\_\_\_\_