FIRE ALARM INSPECTION AND TESTING FORM

WO#

Date of Service	Time In	Time Out
4/15/21		

INSPECTION LOCATION

Name: _Cornhusker State Ind._
Address: _800 Pioneers Blvd_
Lincoln, NE

Contact: _____
Phone: _____

MONITORING ENTITY

Contact _Permar_
Telephone: _____
Monitoring Account: _LN 28018_

APPROVING AGENCY

Contact: _____
Phone: _____

TYPE TRANSMISSION

- ☐ McCulloh
- ☐ Multiplex
- ☒ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify)_____

SERVICE

- ☐ Weekly
- ☐ Monthly
- ☐ Quarterly
- ☐ Semiannually
- ☒ Annually
- ☐ Other (Specify)_____

Control Unit Manufacturer: _spectronics_
Circuit Styles: _B_
Number of Circuits: _5_
Software Revision: _____
Last Date System Had Any Service Performed: _9/20_
Last Date that Any Software or Configuration Was Revised: _____

Model No: _640_
Dialer Type: _Security Panel_

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Device			
8	B	Manual Fire Alarm Boxes	Smoke Calibration	
2		Duct Detectors	Next Smoke Cal	
—		Photo Detectors	Cal Method	
—		Heat Detectors	Heat Test	
1		Waterflow Switches	Next Heat Test	
2		Supervisory Switches		
—		Other(Specify):		

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	Device
1	B	Bells
21		Horns
—		Chimes
37		Strobes
—		Speakers
—		Other (specify):

No. of alarm notification appliance circuit: _1_

Are circuits monitored for integrity   ☒ Yes   ☐ No

WO#

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity   Circuit Style

N   *A*

Building Temp.
Site Water Temp.
Site Water Level
Fire Pump Power
Fire Pump Auto Position
Fire Pump or Pump Controller Trouble
Generator In Auto Position
Generator or Controller
Switch Transfer
Generator Engine Running
Other (Specify)

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to the system:

Quantity: ___ 4 conventional ___ Style(s): B ___

SYSTEM POWER SUPPLIES

a. Primary (Main):   Nominal Voltage: 120   Amps: 20

Overcurrent Protection: Type: Breaker   Amps: 20

Location (of Primary Supply Panel board): Main Entry

Disconnecting Means Location: ___

Battery Install Date: 2-19

b. Secondary (Standby)

2-12v ___ Storage Battery: Amp-Hour Rating: 8

Calculated capacity to operate system, in hours: 24

___ Engine-driven generator dedicated to fire alarm

Location of fuel storage: ___

Battery Install Date: ___

LOCATION

SNAC Panels	Model	Battery 1	Battery 2
Above ceiling		Pass	Pass

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power

___ 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	☒	☐		
Building Occupant	☒	☐		
Building Management	☒	☐		
Other (Specify)	☐	☐		
AHJ (notified) of any Impairment	☐	☐		

SYSTEM TESTS AND INSPECTIONS   WO#

TYPE	Visible	Functional	Comments
Control Unit	☒	☒	
Interface Equipment	☒	☒	
Lamps/LEDS	☒	☒	
Fuses	☒	☒	
Primary Power Supply	☒	☒	
Trouble Signals	☒	☒	
Disconnect Switches	☒	☒	
Ground-fault Monitoring	☐	☐	

SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	☒	☒	12.75v 7AH
Load Voltage	☒	☒	12.63v 6.4AH
Discharge Test	☒	☒	
Charger	☒	☒	
Specific Gravity	☐	☐	
TRANSIENT SUPPRESSORS	☐	☐	
REMOTE ANNUNCIATORS	☐	☐	

NOTIFICATION APPLIANCES

	Visible	Functional	Comments
Audible	☒	☒	
Visual	☒	☒	
Speakers	☐	☐	
Voice	☐	☐	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
8	Pull	☒	☒			☒	☐
2	Duct	☒	☒			☒	☐
1	Waterflow	☒	☒			☒	☐
2	Tamper	☒	☒			☒	☐
		☐	☐			☐	☐
		☐	☐			☐	☐
		☐	☐			☐	☐

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	☐	☐	
Phone	☐	☐	
Off-Hook	☐	☐	
Amplifier(s)	☐	☐	
Tone Generator(s)	☐	☐	
Call-in Signal	☐	☐	
System Performance	☐	☐	

WO#

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

SPECIAL HAZARD SYSTEMS

	Visual	Device Operation	Simulated Operation
(Specify) Wet Sprinkler	☒	☒	☐
(Specify) _____	☐	☐	☐
(Specify) _____	☐	☐	☐

Special Procedures: _____
_____
_____

Comments: _____
_____
_____

SUPERVISING STATION MONITORING

	YES	NO	TIME	COMMENT
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: _____
_____
_____
_____

System restored to normal operation: Date: 4/15/2021   Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: ████████████   Service Company: ████████████

Inspector Signature: ████████████   License Number: ████████████

Customer Authorized Agent (print): _____   Date: _____

Customer Authorized Agent (Signature): _____