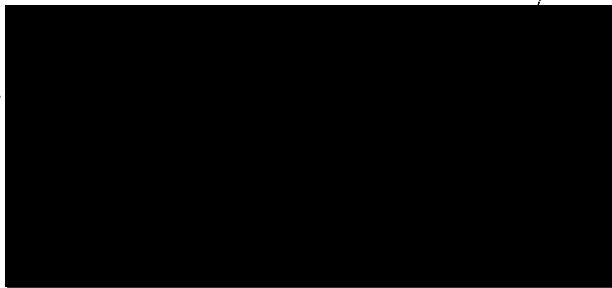


## FIRE ALARM INSPECTION AND TESTING FORM

WO#



Date of Service

1/5/21

Time In

Time Out

## INSPECTION LOCATION

Name: Diagnostic + Evaluation CenterAddress: 3720 W. Van DornLincoln NE

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

Phone: \_\_\_\_\_

## APPROVING AGENCY

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

Phone: \_\_\_\_\_

## MONITORING ENTITY

Contact: Local

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

Monitoring Account: \_\_\_\_\_

## TYPE TRANSMISSION

- ☐ McCulloh  
☐ Multiplex  
☐ Digital  
☐ Reverse Priority  
☐ RF  
☒ Other (Specify) N/A

Control Unit Manufacturer: NotifierCircuit Styles: B

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

Software Revision: \_\_\_\_\_

Last Date System Had Any Service Performed: \_\_\_\_\_

Last Date that Any Software or Configuration Was Revised: \_\_\_\_\_

## SERVICE

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

Model No: 1010Dialer Type: N/A

## ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style		Smoke Calibration
<u>18</u>	_____	Manual Fire Alarm Boxes	<u>1/2020</u>
<u>2</u>	_____	Duct Detectors	Next Smoke Cal <u>1/22</u>
<u>110</u>	_____	Photo Detectors	Cal Method _____
<u>35</u>	_____	Heat Detectors	Heat Test _____
<u>10</u>	_____	Waterflow Switches	Next Heat Test _____
<u>12</u>	_____	Supervisory Switches	
_____	_____	Other(Specify): _____	

## ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
<u>43</u>	_____	Bells
<u>61</u>	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (specify): _____

No. of alarm notification appliance circuit: 17Are circuits monitored for integrity ☒ Yes ☐ No

WO#

## SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		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: 2 Style(s): B

## SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage: 120 Amps: 20  
 Overcurrent Protection: Type: Breaker Amps:   
 Location (of Primary Supply Panel board): LL Mech RM  
 Disconnecting Means Location:   
 Battery Install Date: 2019

b. Secondary (Standby) SIA Storage Battery: Amp-Hour Rating: 26AH  
 Calculated capacity to operate system, in hours:   
 Engine-driven generator dedicated to fire alarm  
 Location of fuel storage:   
 Battery Install Date:

## LOCATION

SNAC Panels	Model	Battery 1	Battery 2
<u>LL Mech RM</u>	<u>FCPS</u>	<u>OK</u>	<u>OK</u>
<u>LL Mech RM</u>	<u>1</u>	<u>OK</u>	<u>OK</u>
<u>LL Mech RM</u>	<u></u>	<u>OK</u>	<u>OK</u>

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	<input type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u></u>
Building Occupant	<input type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u></u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u></u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u></u>
AHJ (notified) of any Impairment	<input type="checkbox"/>	<input type="checkbox"/>	<u></u>	<u></u>

## SYSTEM TESTS AND INSPECTIONS

WO#

TYPE	Visible	Functional	Comments
Control Unit	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground-fault Monitoring	<input type="checkbox"/>	<input checked="" type="checkbox"/>	

## SECONDARY POWER

TYPE	Visible	Functional	Comments
Battery Condition	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Charger	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice	<input type="checkbox"/>	<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
110	SMOKES	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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"/>			<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	<input type="checkbox"/>	<input type="checkbox"/>	
Phone	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

WO#

## INTERFACE EQUIPMENT

(Specify) SNAC x 3

(Specify) \_\_\_\_\_

(Specify) \_\_\_\_\_

Visual

☒  
☐  
☐
Device  
Operation
☐  
☐  
☐
Simulated  
Operation
☐  
☐  
☐

## SPECIAL HAZARD SYSTEMS

(Specify) \_\_\_\_\_

(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: 1/5/21

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)