



CITY OF EASTON PENNSYLVANIA

Fire Alarm Inspection and Testing Form

Property being Inspected

Address: _____

Building Type:

- Residential Number of units _____
- Commercial Number of units _____
- Mixed Use

Test Date: _____

Test Time: _____

Test Type:

- Weekly Monthly Quarterly
- Semiannual Annual
- Other _____

Property Owner Information

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _(____)_____

Cell: _(____)_____

Monitoring Information

Monitoring Agency: _____

Monitoring Agency Phone _(____)_____

Account Number: _____

Transmission Method:

- McCulloh Multiplex
- Digital Reverse Polarity
- RF Other

Comments: _____

System Hardware / Software Information

Panel Manufacturer: _____

Model Number: _____

Circuit Styles: _____

No. of Circuits: _____

Software Revisions: _____

Last date system serviced: _____

Last software update: _____

Inspecting Agency / Alarm company

Company Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _(____)_____

Inspector: _____

NICET Certification: # _____

NICET Certification Level: (Min III) _____

Other Certifications: _____

Annual Service Contract Yes No

Annual Inspection Contract Yes No

Emergency Responder Contact Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) (W) (C) _(____)_____

Phone: (H) (W) (C) _(____)_____

Phone: (H) (W) (C) _(____)_____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) (W) (C) _(____)_____

Phone: (H) (W) (C) _(____)_____

Phone: (H) (W) (C) _(____)_____



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Prior to Testing

Notifications are made to:

	<u>Who</u>	<u>Time</u>
Monitoring Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Building Occupants <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Building Management <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
Other (Specify) <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____
911 Dispatch Center <input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____

Alarm Initiating Devices and Circuit Information

Number of devices

Circuit type

_____	_____	Manual Pull Stations
_____	_____	Ionization Smoke Detectors
_____	_____	Photoelectric Smoke Detectors
_____	_____	Duct Detectors
_____	_____	Fixed Heat / Rate of Rise Detectors
_____	_____	Water Flow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify) _____

System Tests and Inspections

<u>Device Type</u>	<u>Visual</u>	<u>Functional</u>	<u>Pass / Fail</u>	<u>Comments</u>
Control Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Interface EQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Lamps / LED's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Fuses / Breakers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Secondary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____
Ground Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	_____



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Alarm Notification Appliances & Circuit Information

Number of Devices

Circuit Type

- Bells
- Horns (Audio Only)
- Horn/Strobes (Audio/Visual)
- Strobes (Visual Only)
- Speakers (Voice)
- Speaker Clarity [] Excellent [] Good [] Poor
- Chimes
- Remote Annunciator

Total Number of Indicating Circuits: _____

Circuits Supervised: [] Yes [] No

Initiating & Supervisory Device Tests and Inspections

Location	Device Type	Visual	Functional	Factory Setting	Measured Setting	P	F
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]
_____	_____	_____	_____	_____	_____	[]	[]

Comments



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System Power Supplies

Primary (Main): Volts _____ Amps _____ Location of panel: _____
 Overcurrent protection: Type _____ Location/main disconnect _____
 Amps _____

Secondary (Standby): Volts _____ Amps _____ Battery Type: [] Dry Cell
 [] Storage Battery - Ampere hours _____ [] Ni-Cad
 [] Generator - Volts _____ Amps _____ [] Sealed Lead Acid
 Fuel - _____ [] Wet Lead Acid
 Fuel Supply Method - _____ [] Other: _____
 Calculated run time: Hrs: [] 24 [] 60
 Battery condition: _____
 Load Voltage: _____
 Discharge Test: [] Pass [] Fail
 Charger Test: [] Pass [] Fail

Emergency Communications Equipment

Phone Sets	[] Pass	[] Fail	Tone Generators	[] Pass	[] Fail
Phone Jacks	[] Pass	[] Fail	Call in signal	[] Pass	[] Fail
Off Hook Indicator	[] Pass	[] Fail	System Performance	[] Pass	[] Fail
Amplifiers	[] Pass	[] Fail			

Premises Monitoring

Alarm Signal	[] Pass	[] Fail	Supervisory Signal	[] Pass	[] Fail
Alarm Restore	[] Pass	[] Fail	Supervisory Restore	[] Pass	[] Fail
Trouble Signal	[] Pass	[] Fail			

Notifications that testing is complete

Name: _____ Date: _____ Time: _____
 Name: _____ Date: _____ Time: _____
 Name: _____ Date: _____ Time: _____

THIS TESTING WAS DONE IN ACCORDANCE WITH NFPA 72 AND APPLICABLE STANDARDS.

Inspector: _____ Owner Representative: _____
 Signature: _____ Signature: _____
 Date: _____ Time: _____ Date: _____ Time: _____

