

INSPECTION AND TESTING FORM

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

McCulloh

Multiplex

Digital

Reverse Priority

RF

Other (Specify) _____

Control Unit Manufacturer: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

DATE: _____

TIME: _____

PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

APPROVING AGENCY

Contact: _____

Telephone: _____

SERVICE

Weekly

Monthly

Quarterly

Semiannually

Annually

Other (Specify) _____

Model No.: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Manual Fire Alarm Boxes
_____	_____	_____	Ion Detectors
_____	_____	_____	Photo Detectors
_____	_____	_____	Duct Detectors
_____	_____	_____	Heat Detectors
_____	_____	_____	Waterflow Switches
_____	_____	_____	Supervisory Switches
_____	_____	_____	Other (Specify): _____
Alarm verification feature is disabled _____ enabled _____.			

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FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

PRIOR TO ANY TESTING							
NOTIFICATIONS ARE MADE		Yes	No	Who	Time		
Monitoring Entity		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Building Occupants		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Building Management		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Other (Specify)		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
AHJ Notified of Any Impairments		<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
SYSTEM TESTS AND INSPECTIONS							
TYPE	Visual	Functional	Comments				
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____				
SECONDARY POWER							
TYPE	Visual	Functional	Comments				
Battery Condition	<input type="checkbox"/>		_____				
Load Voltage		<input type="checkbox"/>	_____				
Discharge Test		<input type="checkbox"/>	_____				
Charger Test		<input type="checkbox"/>	_____				
Specific Gravity		<input type="checkbox"/>	_____				
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____				
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____				
NOTIFICATION APPLIANCES							
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____				
Voice Clarity		<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
_____	_____	<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: _____							

FIGURE 10.6.2.3 *Continued*

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments	
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Off-Hook Indicator	<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"/>	_____	
	Visual	Device Operation	Simulated Operation	
COMBINATION SYSTEMS				
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
INTERFACE EQUIPMENT				
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SPECIAL HAZARD SYSTEMS				
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Procedures: _____				
Comments: _____				
SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
The following did not operate correctly: _____				
System restored 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: _____	Date: _____	Time: _____		
Signature: _____				
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FIGURE 10.6.2.3 Continued