SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Supplemental Form(s) Attached: _____ (yes/no)

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

Description of property: _____

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Monitoring organization: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Account number: _____ Phone line 1: _____ Phone line 2: _____

Means of transmission: _____

Entity to which alarms are retransmitted: _____ Phone: _____

3. DOCUMENTATION

Onsite location of the required record documents and site-specific software: _____

4. DESCRIPTION OF SYSTEM OR SERVICE

4.1 Control Unit

Manufacturer: _____ Model number: _____

4.2 Software Firmware

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: _____ Amps: _____ Location: _____

Overcurrent protection type: _____ Amps: _____ Disconnecting means location: _____

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

4.3.2 Secondary Power

Type: _____ Location: _____

Battery type (if applicable): _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

5. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

6. TESTING RESULTS

6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	❑	❑	
Lamps/LEDs/LCDs	❑	❑	
Fuses	❑	❑	
Trouble signals	❑	❑	
Disconnect switches	❑	❑	
Ground-fault monitoring	❑	❑	
Supervision	❑	❑	
Local annunciator	❑	❑	
Remote annunciators	❑	❑	
Remote power panels	❑	❑	
	❑	❑	

6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	❑	❑	
Load voltage	❑	❑	
Discharge test	❑	❑	
Charger test	❑	❑	
Remote panel batteries	❑	❑	

6. TESTING RESULTS *(continued)*

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	❑	❑		
Alarm restoration	❑	❑		
Trouble signal	❑	❑		
Trouble restoration	❑	❑		
Supervisory signal	❑	❑		
Supervisory restoration	❑	❑		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	❑	❑		
Alarm restoration	❑	❑		
Trouble signal	❑	❑		
Trouble restoration	❑	❑		
Supervisory signal	❑	❑		
Supervisory restoration	❑	❑		

SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

7. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

8. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

9. CERTIFICATION

This system as specified herein has been inspected and tested according to NFPA 72, _____ edition, Chapter 14.

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

Qualifications (refer to 10.5.3): _____

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

10.1 Acceptance by Owner or Owner's Representative:

The undersigned accepted the test report for the system as specified herein:

Signed: _____ Printed name: _____ Date: _____

Organization: _____ Title: _____ Phone: _____

NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes a notification appliance test record.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/Identifier	Test Results

NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. NOTIFICATION APPLIANCE TEST RESULTS *(continued)*

Appliance Type	Location/Identifier	Test Results

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results

INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

MASS NOTIFICATION SYSTEM
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes a mass notification system test record.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. MASS NOTIFICATION SYSTEM

2.1 System Type

❑ In-building MNS—combination

❑ In-building MNS—stand alone ❑ Wide-area MNS ❑ Distributed recipient MNS

❑ Other (specify): _____

2.2 System Features

❑ Combination fire alarm/MNS ❑ MNS ACU only ❑ Wide-area MNS to regional national alerting interface

❑ Local operating console (LOC) ❑ Direct recipient MNS (DRMNS) ❑ Wide-area MNS to DRMNS interface

❑ Wide-area MNS to high-power loudspeaker array (HPLA) interface ❑ In-building MNS to wide-area MNS interface

❑ Other (specify): _____

3. IN-BUILDING MASS NOTIFICATION SYSTEM

3.1 Primary Power

Input voltage of MNS panel: _____ MNS panel amps: _____

3.2 Engine-Driven Generator ❑ This system does not have a generator.

Location of generator: _____

Location of fuel storage: _____ Type of fuel: _____

3.3 Energy Storage Systems ❑ This system does not have an ESS.

Equipment powered by an ESS system: _____

Location of ESS system: _____

Calculated capacity of ESS batteries to drive the system components connected to it:

In standby mode (hours): _____ In alarm mode (minutes): _____

3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____

Calculated capacity of batteries to drive the system:

In standby mode (hours): _____ In alarm mode (minutes): _____

❑ Batteries are marked with date of manufacture.

MASS NOTIFICATION SYSTEM
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

4. MASS NOTIFICATION EQUIPMENT TEST RESULTS

Description	Visual Inspection	Functional Test	Comments
Functional test			
Reset/power down test			
Fuses			
Primary power supply			
ESS power test			
Trouble signals			
Disconnect switches			
Ground-fault monitoring			
CCU security mechanism			
Prerecorded message content			
Prerecorded message activation			
Software backup performed			
Test backup software			
Fire alarm to MNS interface			
MNS to fire alarm interface			
In-building MNS to wide-area MNS			
MNS to direct recipient MNS			
Sound pressure levels Occupied ❑ Yes ❑ No Ambient dBA: _____ Alarm dBA: _____ (attach supplementary notification appliance form(s) with locations, values, and weather conditions)			
System intelligibility Test method: _____ Score: _____ CIS value: _____ (attach supplementary notification appliance form(s) with locations, values, and weather conditions)			
Other (specify):			

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes systems and components specific to emergency communication systems.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. DESCRIPTION OF SYSTEM OR SERVICE

❑ Fire alarm with in-building fire emergency voice alarm communication system (EVAC)

❑ Mass notification system

❑ Combination system, with the following components:

❑ Fire alarm ❑ EVACS ❑ MNS ❑ Two-way, in-building, emergency communication system

❑ Other (specify): _____

Additional description of system(s): _____

_____

2.1 In-Building Fire Emergency Voice Alarm Communication System

Manufacturer: _____ Model number: _____

Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____

Number of loudspeakers: _____ Number of loudspeaker circuits: _____

Location of amplification and sound processing equipment: _____

_____

_____

Location of paging microphone stations:

Location 1: _____

Location 2: _____

Location 3: _____

2.2 Mass Notification System

2.2.1 System Type:

❑ In-building MNS—combination

❑ In-building MNS ❑ Wide-area MNS ❑ Distributed recipient MNS

❑ Other (specify): _____

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

2.2.2 System Features:

❑ Combination fire alarm/MNS ❑ MNS autonomous control unit ❑ Wide-area MNS to regional national alerting interface

❑ Local operating console (LOC) ❑ Distributed-recipient MNS (DRMNS) ❑ Wide-area MNS to DRMNS interface

❑ Wide-area MNS to high-power loudspeaker array (HPLA) interface ❑ In-building MNS to wide-area MNS interface

❑ Other (specify): _____

2.2.3 MNS Local Operating Consoles

Location 1: _____

Location 2: _____

Location 3: _____

2.2.4 High-Power Loudspeaker Arrays

Number of HPLA loudspeaker initiation zones: _____

Location 1: _____

Location 2: _____

Location 3: _____

2.2.5 Mass Notification Devices

Combination fire alarm/MNS visual devices: _____ MNS-only visual devices: _____

Textual signs: _____ Other (describe): _____

Supervision class: _____

2.2.6 Special Hazard Notification

❑ This system does not have special suppression pre-discharge notification

❑ MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification

3. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS

3.1 Telephone System

Number of telephone jacks installed: _____ Number of warden stations installed: _____

Number of telephone handsets stored on site: _____

Type of telephone system installed: ❑ Electrically powered ❑ Sound powered

3.2 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

Number of stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

3. TWO-WAY EMERGENCY COMMUNICATIONS SYSTEMS *(continued)*

3.3 Elevator Emergency Communications Systems

Number of elevators with stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

3.4 Other Two-Way Communication System

Describe: _____

4. TESTING RESULTS

4.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	❑	❑	
Lamps/LEDs/LCDs	❑	❑	
Fuses	❑	❑	
Trouble signals	❑	❑	
Disconnect switches	❑	❑	
Ground fault monitoring	❑	❑	
Supervision	❑	❑	
Local annunciator	❑	❑	
Remote annunciators	❑	❑	
Remote power panels	❑	❑	
Other:	❑	❑	

4.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	❑	❑	
Load voltage	❑	❑	
Discharge test	❑	❑	
Charger test	❑	❑	
Remote panel batteries	❑	❑	

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

4. TESTING RESULTS *(continued)*

4.3 Emergency Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	❑	❑	
Lamps/LEDs/LCDs	❑	❑	
Fuses	❑	❑	
Secondary power supply	❑	❑	
Trouble signals	❑	❑	
Disconnect switches	❑	❑	
Ground fault monitoring	❑	❑	
Panel supervision	❑	❑	
System performance	❑	❑	
System audibility	❑	❑	
System intelligibility	❑	❑	
Other:	❑	❑	

4.4 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	❑	❑	
Reset/Power down test	❑	❑	
Fuses	❑	❑	
Primary power supply	❑	❑	
ESS power test	❑	❑	
Trouble signals	❑	❑	
Disconnect switches	❑	❑	
Ground fault monitoring	❑	❑	
CCU security mechanism	❑	❑	
Prerecorded message content	❑	❑	
Prerecorded message activation	❑	❑	
Software backup performed	❑	❑	
Test backup software	❑	❑	
Fire alarm to MNS Interface	❑	❑	
MNS to fire alarm interface	❑	❑	
In-building MNS to wide-area MNS	❑	❑	
MNS to direct recipient MNS	❑	❑	

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

4. TESTING RESULTS *(continued)*

4.4 Mass Notification Equipment *(continued)*

Description	Visual Inspection	Functional Test	Comments
Sound pressure levels (attach report with locations, values, and weather conditions)	❑	❑	
System intelligibility ❑ CSI ❑ STI (attach report with locations, values, and weather conditions)	❑	❑	
Other:	❑	❑	

4.5 Two-Way Communication Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	❑	❑	
Phone jacks	❑	❑	
Off-hook indicator	❑	❑	
Call-in signal	❑	❑	
System performance	❑	❑	
System audibility	❑	❑	
System intelligibility	❑	❑	
Other:	❑	❑	

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

INTERFACE COMPONENT
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.
It includes an interface component test record for circuit interfaces, signaling line circuit interfaces, and fire alarm control interfaces.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____

Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____

Address: _____

2. INTERFACE COMPONENT TEST RESULTS

Interface Component Type	Address	Location	Test Results

INTERFACE COMPONENT
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

2. INTERFACE COMPONENT TEST RESULTS *(continued)*

Interface Component Type	Address	Location	Test Results

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

INSTALLATION AND INSPECTION FORM
SINGLE- AND MULTIPLE-STATION ALARMS AND HOUSEHOLD FIRE ALARM SYSTEMS

This form is to be completed at the time of installation/final inspection of any household fire alarm system and single- or multiple-station alarms. It is be permitted to modify this form as required to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to complete form.

Form Completion Date: _____ Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Property Owner: _____
Address: _____
Phone: _____ E-Mail: _____ Other: _____

2. INSTALLATION, CONTRACTOR, AND MONITORING INFORMATION

Installation Contractor: _____
Address: _____
Phone: _____ E-Mail: _____ Other: _____

2.1 Type of Off-Premises Notification

Monitoring Organization: _____
Address: _____
Phone: _____ E-Mail: _____ Other: _____
Account Number: _____ Means of Transmission: _____

3. DESCRIPTION OF SYSTEM OR SERVICE

NFPA 72 Edition: _____

3.1 Type of System

❑ Single-Station ❑ Multiple-Station ❑ Household Fire Alarm System ❑ Carbon Monoxide Alarm System

3.2 Number of Devices

Single-Station Smoke Alarms: _____ Multiple-Station Smoke Alarms: _____
Single-Station Heat Alarms: _____ Multiple-Station Heat Alarms: _____
Single-Station Carbon Monoxide Alarms: _____ Multiple-Station Carbon Monoxide Alarms: _____
System Smoke Detectors: _____ System Heat Detectors: _____
Waterflow Switches: _____
Notification Appliances: _____ Type: _____
Interfaced/Other Equipment: _____

3.3 Location (L) and Date (D) of Devices

Device type, location and manufacture date of devices (date shown on back of devices)

_____ _____ _____ _____
_____ _____ _____ _____
_____ _____ _____ _____

Electrical Panel (L): _____ Breaker Number: _____
Alarm Control Unit (L): _____ Battery Back-up (D): _____
Plug in Transformer (L): _____
Relay for Interconnection (L): _____

4. PREPARED BY

Signed: _____ Printed Name: _____ Date: _____
Title: _____ Organization: _____