Claremont Fire Department
Fire Chief Peter S. Chase
100 Broad Street
Claremont, New Hampshire 03743
Ph: (603) 542-5156
Fax: (603) 542-7028
Email: firechief@claremontnh.com

Fire Alarm Inspection and Testing Form
Appendix B

Service Organization
Name_____
Address_____
Address_____
Representative_____
Telephone_____

Property Name (User)
Name_____
Address_____
Address_____
Owner Contact_____
Telephone_____

Monitored By
Company Name_____
Contact_____
Telephone_____
Monitoring Acct. # or Box #_____

Service – Submit Form To:
___ New Install –Fire Prevention Bureau
___ Weekly—Fire Prevention Bureau
___ Monthly—Fire Prevention Bureau
___ Quarterly—Fire Prevention Bureau
___ Semi-annually—Fire Prevention Bureau
___ Annually –Fire Prevention Bureau
___ Other (Specify)_____

Type Transmission
___ 100 Mil
___ Digital
___ Other (Specify)_____

Fire Alarm Panel
Panel Manufacturer_____
Panel Model_____
Circuit Styles_____
Software Rev. Date_____
Last System Service Date_____
Reason for Service_____

Alarm-Initiating Devices and Circuit Information

Quantity	Circuit Style	
_____	_____	Manual Stations
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify)_____

Alarm-Initiating Devices and Circuit Information

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify)_____

No. of Alarm Indicating Circuits_____ Are Circuits Supervised? ___Yes ___No

Supervisory Signal-Initiating Devices and Circuit Information

Quantity	Circuit Style	
_____	_____	Fire Pump Power
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump/Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other (Specify)_____

Signaling Line Circuits
Quality and style (see NFPA 72, Table 3-6) of signaling line circuits connected to system
Quantity_____ Style(s)_____

System Power Supplies

a. Primary (Main) Nominal Voltage_____ Amps_____
   Overcurrent Protection Type_____ Amps_____
   Location (Panel Number) _____
b. Secondary (Standby) _____
   Storage Battery Amp-Hr. Rating_____Calculated capacity to operate system, in hours:_____24_____60_____
   Engine-driven generator dedicated to fire alarm system_____
   Location of fuel storage_____

   Type of Battery
   ___Dry Cell
   ___Nickel-Cadmium
   ___Sealed Lead-Acid
   ___Lead-Acid
   ___Other (specify) _____
c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply;
   _____ Emergency system described in NFPA 70, Article 700
   _____Legally required standby described in NFPA 70, Article 701
   _____Operational standby system described in MFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

System Tests and Inspections

Type	Visual	Functional	Comments
Control Panel	____	____	_____
Interface Eq.	____	____	_____
Lamps/LED's/Displays	____	____	_____
Fuses	____	____	_____
Primary Power Supply	____	____	_____
Trouble Signals	____	____	_____
Disconnect Switches	____	____	_____
Ground-Fault Monitoring	____	____	_____

Secondary Power Type	Visual	Functional	Comments
Battery Condition	____		_____
Load Voltage		____	_____
Discharge Test		____	_____
Charger Test		____	_____
Specific Gravity		____	_____
Transient Suppressors	____		_____
Remote Annunciators	____	____	_____

Emergency Comm. Equipment	Visual	Functional	Comments
Phone Set	____	____	_____
Off-Hook Indicator	____	____	_____
Amplifier(s)	____	____	_____
Tone Generator(s)	____	____	_____
Call-In Signal	____	____	_____
System Performance	____	____	_____

Interface Equipment	Visual	Functional	Comments
(Specify)_____	____	____	_____
(Specify_____	____	____	_____
(Specify_____	____	____	_____

Special Hazard Systems			
(Specify)_____	____	____	_____
(Specify_____	____	____	_____
(Specify_____	____	____	_____

Special Procedures_____

_____

Comments_____

_____

Alarm Initiating Device Test Information

	Number of Devices Tested	Pass/Fail
Pull Stations	_____	_____
Heat Detectors	_____	_____
Smoke Detectors	_____	_____
Duct Detectors	_____	_____
Audible/Visual Units	_____	_____
Audible Units	_____	_____
Visual Units	_____	_____
Door Holders	_____	_____

Comments_____
_____

Sprinkler System Device Information

Flow Switches

Zone/Device	Time
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Pressure Switches

Zone/Device	Alarm Pressure
_____	_____
_____	_____
_____	_____
_____	_____

Supervisory Switches

Zone/Device	Functional Test
_____	____
_____	____
_____	____
_____	____

Comments_____
_____

Prior to Any Testing

Notifications Made	**Yes**	**No**	**To Whom**	**Time**
Monitoring Entity	___	___	_____	_____
Building Occupants	___	___	_____	_____
Building Management	___	___	_____	_____
Other (specify)_____	___	___	_____	_____
AHJ (Notified) of any impairments	___	___	_____	_____

On/Off Premises Monitoring	**Yes**	**No**	**Time**	**Comments**
Alarm Signal	___	___	_____	_____
Alarm Restoral	___	___	_____	_____
Trouble Signal	___	___	_____	_____
Supervisory Signal	___	___	_____	_____
Supervisory Restoral	___	___	_____	_____

Notifications of Testing Completion	**Yes**	**No**	**To Whom**	**Time**
Building Management	___	___	_____	_____
Monitoring Agency	___	___	_____	_____
Building Occupants	___	___	_____	_____
Other (Specify) _____	___	___	_____	_____

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 Technician(Print)_____
Signature _____ Date_____ Time_____
Name of Owner/Representative(Print)_____ Date_____ Time_____
Signature_____ Date_____ Time_____