



Claremont Fire Department  
 Fire Prevention Office  
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## Appendix B Fire Alarm Inspection and Testing Form

### Place of Testing

Name: \_\_\_\_\_ Address: \_\_\_\_\_

### Inspection Company Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

Inspector: \_\_\_\_\_

Inspector Cell Phone: \_\_\_\_\_

Insp. Co. email: \_\_\_\_\_

### Owner Info

Name: \_\_\_\_\_

Address: \_\_\_\_\_

C/S/Z: \_\_\_\_\_

Owner Rep: \_\_\_\_\_

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

Owner/Rep email: \_\_\_\_\_

### Monitored By

Company Name: \_\_\_\_\_

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

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

Monitoring Acct. # or Box #: \_\_\_\_\_

### Service – Submit Form to Fire Prevention

\_\_\_\_\_ New Install

\_\_\_\_\_ Weekly

\_\_\_\_\_ Monthly

\_\_\_\_\_ Quarterly

\_\_\_\_\_ Semi-annually

\_\_\_\_\_ Annually

\_\_\_\_\_ 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
_____	_____	Water-flow 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 NFPA 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**

<b>Power Type</b>	<b>Visual</b>	<b>Functional</b>	<b>Comments</b>
Battery Condition	_____		_____
Load Voltage		_____	_____
Discharge Test		_____	_____
Charger Test		_____	_____
Specific Gravity		_____	_____
Transient Suppressors	_____		_____
Remote Annunciators	_____	_____	_____

**Emergency Comm.**

<b>Equipment</b>	<b>Visual</b>	<b>Functional</b>	<b>Comments</b>
Phone Set	_____	_____	_____
Off-Hook Indicator	_____	_____	_____
Amplifier(s)	_____	_____	_____
Tone Generator(s)	_____	_____	_____
Call-In Signal	_____	_____	_____
System Performance	_____	_____	_____

<b>Interface Equipment</b>	<b>Visual</b>	<b>Functional</b>	<b>Comments</b>
(Specify)_____	_____	_____	_____
(Specify)_____	_____	_____	_____
(Specify)_____	_____	_____	_____

**Special Hazard Systems**

(Specify)_____	_____	_____	_____
(Specify)_____	_____	_____	_____
(Specify)_____	_____	_____	_____

Special Procedures:

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Comments:

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### 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		Pressure Switches	
Zone/Device	Time	Zone/Device	Alarm Pressure
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____		

  

Supervisory Switches	
Zone/Device	Functional Test
_____	_____

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

Comments \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Prior to Any Testing**

<b>Notifications Made</b>	<b>Yes</b>	<b>No</b>	<b>To Whom</b>	<b>Time</b>
Monitoring Entity	_____	_____	_____	_____
Building Occupants	_____	_____	_____	_____
Building Management	_____	_____	_____	_____
Other (specify) _____	_____	_____	_____	_____
AHJ (Notified) of any impairments	_____	_____	_____	_____

<b>On/Off Premises Monitoring</b>	<b>Yes</b>	<b>No</b>	<b>Time</b>	<b>Comments</b>
Alarm Signal	_____	_____	_____	_____
Alarm Restoral	_____	_____	_____	_____
Trouble Signal	_____	_____	_____	_____
Supervisory Signal	_____	_____	_____	_____
Supervisory Restoral	_____	_____	_____	_____

<b>Notifications of Testing Completion</b>	<b>Yes</b>	<b>No</b>	<b>To Whom</b>	<b>Time</b>
Building Management	_____	_____	_____	_____
Monitoring Agency	_____	_____	_____	_____
Building Occupants	_____	_____	_____	_____
Other (Specify) _____	_____	_____	_____	_____

The following did not operate correctly: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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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): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_      Time: \_\_\_\_\_