



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

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		Pressure Switches	
Zone/Device	Time	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): _____

Signature: _____

Date: _____ Time: _____