



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:

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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**

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: \_\_\_\_\_