



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: _____