



Custom Electric & Communications, LLC

## Fire Alarm Inspection & Test Report

### Section 1 - Property Information

Property Name

Street Address

City, State, Zip

Primary Contact

Phone Number

Inspection Frequency  
Quarterly

Inspection Date

### Section 2 - Notify Prior to Testing

No entities to notify

Custom Electric & Communications, LLC is not responsible for nor offers any opinion and/or guidance as to the condition or functionality of the wet and/or dry Sprinkler system components that may be installed at the property noted on this Report nor any Elevator life safety components. This Fire Alarm Inspection & Test Report only reflects the electrical continuity of the necessary signals required for the proper alarm sequencing and signaling and reports only on the devices noted on this Report. Custom Electric & Communications, LLC does not perform water flow testing associated with any wet and/or dry Sprinkler system components nor do we perform an Elevator shut down test procedure. Property Owners and/or Managers are required to be



## Section 3 - Control Panel Status

### Manufacturer

### Model

A. Is panel monitored by outside agency?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
B. Is the power light on?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
C. Is the trouble light on?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
D. Is the alarm light on?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
E. Is the supervisory light on?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
F. Is the ground fault light on?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
G. Is the AC power on?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
H. Is the system in normal operation?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
I. Does the panel have battery backup?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
J. Do the batteries indicate proper charge?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
K. Have Fire Dept. and Monitoring Agency been notified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



Custom Electric & Communications, LLC

System Put in Test At

## Section 4 - Equipment Tested

**System Type**  
Addressable

No equipment tested

## Section 5 - Functional Test of Output Devices

A. Did all indicating circuits function normally?

☒ Yes ☐ No ☐ N/A

B. If tested, did air handlers shut down?

☒ Yes ☐ No ☐ N/A

C. If tested, did elevators recall?

☒ Yes ☐ No ☐ N/A

D. If tested, did suppression system solenoid energize?

☒ Yes ☐ No ☐ N/A

E. If tested, did panel send alarm signal to monitoring agency?

☒ Yes ☐ No ☐ N/A

F. If tested, did panel send trouble signal to monitoring agency?

☒ Yes ☐ No ☐ N/A

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## Section 6 - System Power Supplies

**Primary Power**

**Nominal Voltage**

**Nominal Voltage (Amps)**

**Overcurrent Protection**

**Overcurrent Protection (Amps)**

**Panel, Breaker No. & Location**

**Battery Test Reading**

**Storage Battery (Amp Hour Rating)**

**Calculated to operate system for (Hours)**

**Emergency Generator Connected**

No

**Location of Fuel Source**

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## Section 7 - Post Test

A. All initiating circuits returned to normal?

☒

Yes

☐

No

☐

N/A

B. All indicating circuits returned to normal?

☒

Yes

☐

No

☐

N/A

C. All shut-down circuits returned to normal?

☒

Yes

☐

No

☐

N/A

D. All valves seals replaced?

☒

Yes

☐

No

☐

N/A

E. Have all authorities been notified?

☒

Yes

☐

No

☐

N/A

System Returned to Service At

## Section 8 - Incorrectly Operating Equipment / Comments

Comments

## Section 9 - Sign-off Blocks

Test Verification - Owner

Name

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Custom Electric & Communications, LLC

**Title**

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**Signature**

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**Date**

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**Test Verification - CEC**

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**Name**

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**Title**

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**Signature**

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**Date**

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