

Custom Electric

& COMMUNICATIONS, LLC

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Fire Alarm Inspection & Test Report

Date: _____

Property Name: _____
Street: _____
City/State/Zip: _____
Contact: _____
Phone No.: (_____) _____
Frequency of Inspection Quarterly Semi-Annual Annual Other _____

1. Notify Proper Authorities before Testing Name _____ Phone No. _____
 A. Owner or Owner's Rep. _____
 B. Fire Department _____
 C. Monitoring Agency _____
 D. Account # _____

2. Control Panel Status Prior to Testing
Manufacturer _____ Model _____

A. Is panel monitored by outside agency? Yes No N/A
 B. Is the power light on? Yes No N/A
 C. Does the panel indicate normal conditions? Yes No N/A
 D. Are all indicating lamp bulbs in operating order? Yes No N/A
 E. Does the TROUBLE light operate? Yes No N/A
 F. Does the SILENCE light operate? Yes No N/A
 G. Does the panel have active zones? Yes No N/A
 H. Does the panel have non-functioning zones? Yes No N/A
 I. Does the panel have battery backup? Yes No N/A
 J. Do the batteries indicate proper charge? Yes No N/A
 K. Have Fire Dept. and Monitoring Agency been notified? Yes No N/A
 noted? Have equipment shutdowns been disabled?

System put into test mode at the following time: _____
Comments: _____

3. Equipment Tested SYSTEM TYPE: Conventional Addressable

Equipment	Total Number	Total No. Tested	Device Function	Yes	No	N/A
A. Remote Announciators						
B. Manual Pull Stations						
C. Photoelectric Type Smoke Detectors						
D. Ionization Type Smoke Detectors						
E. Heat, Thermal Detectors						
F. Duct Smoke Detectors						
G. Suppression Release Station						
H. Abort Station						
I. Alarm Horn/Strobe Unit						
J. Alarm Horn Unit						
K. Alarm Strobe Unit						
L. Alarm Bell Unit						
M. Sprinkler Water Flow Switch						
N. Sprinkler Valve Tamper Switch						
O. Sprinkler Pressure Switch						
P. Sprinkler Dry System Low Air						
Q. Sprinkler Fire Pump Run						
R. Door Magnets						
S. Elevator S.D. / H.D.						
T. Total Initiating Zones Tested						
U. Total Indicating Zones Tested						

4. Functional Test of Output Devices and Circuits
- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. Did all indicating circuits function normally? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. If tested, did air handlers shut down? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. If tested, did elevators recall? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. If tested, did suppression system solenoid energize? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. If tested, did panel send alarm signal to monitoring agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| F. If tested, did panel send trouble signal to monitoring agency? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

5. System Power Supplies

Primary Power:

Nominal Voltage _____ Amps _____

Overcurrent Protection _____ Amps _____

Panel, Breaker No. & Location _____

Battery Test Reading _____

Storage Battery _____ Amp Hour Rating _____

Calculated to operate system for _____ Hours

Is fire alarm system connected to an emergency generator? Yes No

Location of Fuel Source _____

6. Post Test

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| A. Have all initiating circuits been returned to normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| B. Have all indicating circuits been returned to normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| C. Have all shut down circuits been returned to normal? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| D. Have all solenoids been replaced on their valves? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| E. Have proper authorities been notified the system is back in service? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

System returned to service at the following time: _____

7. Incorrectly operating equipment and/or any further comments:

8. Test Verification by owner's representative (if applicable)

Name _____ (Signature) _____

Title _____

Date _____ (Name - Printed) _____

9. Test Verification by Custom Electric & Communications, LLC

Name _____ (Signature) _____

Title _____

Date _____ (Name - Printed) _____

"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 familiar with the NFPA requirements related to the proper inspection procedures related to Fire Alarm panel(s) and/or any associated wet/dry sprinkler system(s) and/or Elevator systems installed at the property referenced on this report. Local Authorities may also have separate reporting requirements."