

James A Burkush  
Chief of Department



City of Manchester  
*Fire Department*  
Fire Communications Division

## INSPECTION AND TESTING FORM

### SERVICE ORGANIZATION

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Representative: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### PROPERTY NAME (User)

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

### MONITORED BY:

Company Name: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Monitoring Account # or Box # \_\_\_\_\_

### SERVICE - Submit Form to:

- New Install - Communications Division
- Weekly - Fire Prevention Bureau
- Monthly - Fire Prevention Bureau
- Quarterly - Fire Prevention Bureau
- Semi-annually - Fire Prevention Bureau
- Annually - Fire Prevention Bureau
- Other (Specify) \_\_\_\_\_

### TYPE TRANSMISSION

- 100 Mil
- Digital
- RF
- Radio Master
- 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
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify) _____

## ALARM NOTIFICATION 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 \_\_\_\_\_, 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 \_\_\_\_\_  
 Location of fuel storage: \_\_\_\_\_  
 Engine-driven generator dedicated to fire alarm system: \_\_\_\_\_

#### 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	0	0	_____
Interface Eq.	0	0	_____
Lamps/LED's/Displays	0	0	_____
Fuses	0	0	_____
Primary Power Supply	0	0	_____
Trouble Signals	0	0	_____
Disconnect Switches	0	0	_____
Ground-Fault Monitoring	0	0	_____
<b>SECONDARY POWER TYPE</b>	<b>VISUAL</b>	<b>FUNCTIONAL</b>	<b>COMMENTS</b>

Battery Condition	0	0	_____
Load Voltage		0	_____
Discharge Test		0	_____
Charger Test		0	_____
Specific Gravity		0	_____
<b>TRANSIENT SUPPRESSORS</b>	<b>0</b>		_____
<b>REMOTE ANNUNCIATORS</b>	<b>0</b>	<b>0</b>	_____

EMERGENCY COMMUNICATIONS EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	0	0	_____
Off-Hook Indicator	0	0	_____
Amplifier(s)	0	0	_____
Tone Generator(s)	0	0	_____
Call-In Signal	0	0	_____
System Performance	0	0	_____

INTERFACE EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
(Specify) _____	0	0	_____
(Specify) _____	0	0	_____
(Specify) _____	0	0	_____
<b>SPECIAL HAZARD SYSTEMS</b>			
(Specify) _____	0	0	_____
(Specify) _____	0	0	_____
(Specify) _____	0	0	_____

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

### ALARM INITIATING DEVICE TEST INFORMATION

# OF DEVICES TESTED	PASS/FAIL	Audible/Visual units	Audible units	# OF DEVICES TESTED	PASS/FAIL
Pull Stations	_____	_____	_____	_____	_____
Heat Detectors	_____	_____	_____	_____	_____



The following did not operate correctly: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

System restored to normal operation:      Date \_\_\_\_\_      Time \_\_\_\_\_

**THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NEPA STANDARDS**

NAME OF TECHNICIAN (PRINT) \_\_\_\_\_      DATE \_\_\_\_\_      TIME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

NAME OF OWNER/REPRESENTATIVE (PRINT) \_\_\_\_\_      DATE \_\_\_\_\_      TIME \_\_\_\_\_

SIGNATURE \_\_\_\_\_