Daniel A. Goonan
Chief of Department

Andre R. Parent
Assistant Chief

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:
Θ New Install-Communications Division
Θ Weekly-Fire Prevention Bureau
Θ Monthly-Fire Prevention Bureau
Θ Quarterly-Fire Prevention Bureau
Θ Semi-Annually-Fire Prevention Bureau
Θ Annually- Fire Prevention Bureau
Θ Other (Specify)_____

TYPE TRANSMISSION
Θ 100 Mil
Θ Digital
Θ RF
Θ Radio Master
Θ 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? Θ Yes Θ No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quanity	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:_____60_____
Engine-driven generator dedicated to fire alarm system:_____
Location of fuel storage:_____

TYPE OF BATTERY
- Θ Dry Cell
- Θ Nickel-Cadmium
- Θ Sealed Lead-Acid
- Θ Lead-Acid
- Θ 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	Θ	Θ	
Interface Eq.	Θ	Θ	
Lamps/LED's/Displays	Θ	Θ	
Fuses	Θ	Θ	
Primary Power Supply	Θ	Θ	
Trouble Signals	Θ	Θ	
Disconnect Switches	Θ	Θ	
Ground-Fault Monitoring	Θ	Θ	

SECONDARY POWER TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	Θ		
Load Voltage		Θ	
Discharge Test		Θ	
Charger Test		Θ	
Specific Gravity		Θ	
TRANSIENT SUPPRESSORS	Θ		
REMOTE ANNUNCIATORS	Θ	Θ	

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	Θ	Θ	
Off-Hook Indicator	Θ	Θ	
Amplifier(s)	Θ	Θ	
Tone Generator(s)	Θ	Θ	
Call-In Signal	Θ	Θ	
System Performance	Θ	Θ	

INTERFACE EQUIPMENT	VISUAL	FUNCTIONAL	COMMENTS
(Specify)_____	Θ	Θ	
(Specify)_____	Θ	Θ	
(Specify)_____	Θ	Θ	

SPECIAL HAZARD SYSTEMS

(Specify)_____	Θ	Θ	
(Specify)_____	Θ	Θ	
(Specify)_____	Θ	Θ	

Special Procedures:_____

Comments:_____

_____

ALARM INITIATING DEVICE TEST INFORMATION

	# OF DEVICES TESTED	PASS/FAIL		# OF DEVICES TESTED	PASS/FAIL
Pull Stations			Audible/Visual units		
Heat Detectors			Audible units		
Smoke Detectors			Visual units		
Duct Detectors			Door Holders		

Comments:_____

_____

SPRINKLER SYSTEM DEVICE INFORMATION

FLOW SWITCHES

Zone/Device	Time	Zone/Device	Time

PRESSURE SWITCHES

Zone/Device	Alarm Pressure

SUPERVISORY SWITCHES

Zone/Device	Functional Test	Zone/Device	Functional Test
	Θ		Θ
	Θ		Θ
	Θ		Θ
	Θ		Θ

Comments:_____

_____

_____

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	WHOM	TIME
Monitoring Entity	Θ	Θ		
Building Occupants	Θ	Θ		
Building Management	Θ	Θ		
Other (Specify)_____	Θ	Θ		
AHJ (Notified) of Any Impairments	Θ	Θ		

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
Alarm Signal	Θ	Θ		
Alarm Restoral	Θ	Θ		
Trouble Signal	Θ	Θ		
Supervisory Signal	Θ	Θ		
Supervisory Restoral	Θ	Θ		

NOTIFICATIONS THAT TESTING IS COMPLETE	YES	NO	WHOM	TIME

Building Management	Θ	Θ	_____	_____
Monitoring Agency	Θ	Θ	_____	_____
Building Occupants	Θ	Θ	_____	_____
Other (Specify)_____	Θ	Θ	_____	_____

The following did not operate correctly:_____

_____

_____

_____

System restored to normal operation: Date_____ Time_____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICALBE NFPA STANDARDS

NAME OF TECHNICIAN (PRINT)_____
SIGNATURE_____DATE_____TIME_____
NAME OF OWNER/REPRESENTATIVE (PRINT)_____
SIGNATURE_____DATE _____TIME_____