

Ryan Cashin
Chief of Department



Matthew Lamothe David Flurey
Assistant Chief Deputy 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:

- 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 _____
 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

- 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	<input type="checkbox"/>	<input type="checkbox"/>	_____

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 COMMUNICATIONS 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

	# 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
_____	⊖	_____	⊖
_____	⊖	_____	⊖
_____	⊖	_____	⊖
_____	⊖	_____	⊖

Comments: _____

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	YES	NO	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 THAT TESTING IS COMPLETE	YES	NO	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 _____