



MUNICIPALITY OF NORRISTOWN

A HOME RULE MUNICIPALITY

235 EAST AIRY STREET
NORRISTOWN, PENNSYLVANIA 19401-5003
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Charles Sweeney
Fire Marshal
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FIRE ALARM SYSTEM INSPECTION AND TESTING FORM

Service Company Licence No: _____ Date: _____ Start Time: _____ End Time: _____

Property Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Contact: _____

Monitoring Facility: _____
Telephone: _____
Ref/Acct Number: _____
Approving Agency: _____
Name/Contact: _____
Phone: _____

Type Transmission: Digital Multiplex RF
 Other (Specify): _____ Service: Monthly Qtrly Semi-Annl
 Annual Other (Specify): _____

System Information:

Panel Manufacturer: _____ Circuit Styles: _____
Model Number: _____ Software Rev: _____ Number of Circuits: _____
Last Date System Serviced: _____ Last Date Software/ Config Changed: _____

Alarm Initiation Devices and Circuit Information:

	Quantity	Circuit Style	Comments
Manual Pull Stations	---	_____	_____
Ion Smoke Detectors	---	_____	_____
Photo Smoke Detectors	---	_____	_____
Duct Detectors	---	_____	_____
Heat Detectors	---	_____	_____
Waterflow Switches	---	_____	_____
Supervisory Switches	---	_____	_____
Other (Specify)	---	_____	_____
Other (Specify)	---	_____	_____

Alarm Notification Appliances and Circuit Information:

	Quantity	Circuit Style	Comments
Bells	---	_____	_____
Horns	---	_____	_____
Strobes	---	_____	_____
Horn/Strobes	---	_____	_____
Sirens	---	_____	_____
Speakers	---	_____	_____
Chimes	---	_____	_____
Other (Specify)	---	_____	_____
Other (Specify)	---	_____	_____

Number of Indicating Circuits: _____ Are Circuits Supervised? (Y/N): _____

Supervisory Signal - Initiating Devices and Circuit Information

	<u>Quantity</u>	<u>Circuit Style</u>	<u>Comments</u>
Building Temp	---	_____	_____
Site Water Temp	---	_____	_____
Site Water Level	---	_____	_____
Fire Pump Power	---	_____	_____
Fire Pump Running	---	_____	_____
Fire Pump Auto Position	---	_____	_____
Fire Pump or Pump Controller Trbl	---	_____	_____
Generator in Auto Position	---	_____	_____
Generator or Controller Trouble	---	_____	_____
Switch Transfer	---	_____	_____
Generator Engine Running	---	_____	_____
Other (Specify)	---	_____	_____
Other (Specify)	---	_____	_____

Signaling Line Circuits Quantity: _____ Circuit Style(s): _____

System Power Supplies

a. Primary (Main): Nominal Voltage: _____ Amps: _____
 Overcurrent Protection: Type: _____ Amps: _____ Location: _____
 Location (of Primary Supply Panelboard): _____
 Disconnecting Means Location: _____

b. Secondary (Standby):

_____ Storage Battery:
 No. of Batteries: _____ Amp-Hr. Rating Each: _____ Total Amp-Hour Rating: _____
 Calculated capacity to operating system, in hours: 24 _____ 60 _____ Other: _____
 Battery Type: ___ Dry Cell ___ Nickel-Cadmium ___ Sealed Lead-Acid ___ Lead-Acid ___ Other (Specify): _____

_____ Engine-Driven Generator Dedicated to Fire Alarm System
 Location of fuel storage: _____
 Amount of Fuel Stored: _____ Calculated Capacity of Stored Fuel: _____

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
- _____ Optional Standby System Described in NFPA 70, Article 702, Which also Meets the Performance Requirements of Article 700 or 701.

Comments:

Prior to any Testing

Notifications are Made	Yes	No	Who	Time
Monitoring Facility	_____	_____	_____	_____
Building Management	_____	_____	_____	_____
Building Occupants	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
AHJ (Notified) of any impairments	_____	_____	_____	_____

System Tests and Inspections

Type	Visual	Functional	Comments
Control Panel	_____	_____	_____
Interface Equipment	_____	_____	_____
Lamps/LEDS	_____	_____	_____
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	_____	_____	_____

Notification Appliances

Audible	_____	_____	_____
Visual	_____	_____	_____
Speakers	_____	_____	_____
Voice Clarity	_____	_____	_____

Emergency Communications

Equipment	Visual	Functional	Comments
Phone Sets	_____	_____	_____
Phone Jacks	_____	_____	_____
Off-Hook Indicator	_____	_____	_____
Amplifier(s)	_____	_____	_____
Tone Generator(s)	_____	_____	_____
Call-In Signal	_____	_____	_____
System Performance	_____	_____	_____

Interface Equipment

(Specify)	Visual	Device Operation	Simulated Operation	Comments
(Specify)	_____	_____	_____	_____
(Specify)	_____	_____	_____	_____
(Specify)	_____	_____	_____	_____

Special Hazards Systems

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

Special Procedures:

Comments: _____

