

Inspection Form

Fire Alarm Systems

Building: _____

Address: _____

Inspector: _____ **Date:** _____

Date of Last Inspection: _____ **Outstanding Violations:** Yes No

General

Were building alterations/renovations made since last inspection? Yes No

Was new alarm system added since last inspection? Yes No

Were new detectors or alarms added since last inspection? Yes No

Control Panel

Is green power light on? Yes No

Are any trouble lights on? Yes No

If yes, why? _____

Are supervisory lights on? Yes No

If yes, why? _____

Does panel appear in good condition? Yes No

Batteries

Are batteries in good condition without signs of corrosion? Yes No

Fire Alarm Boxes (Manual Stations)

Are fire alarm boxes clear, unobstructed, and identified? Yes No N/A*

Fire Alarm Notification Appliances

Do number and location of fire alarm notification appliances appear adequate? Yes No N/A

Quarterly Tests Recorded

Test of fuses? Yes No N/A

Test of interfaced equipment? Yes No N/A

Test of panel lamps or LEDs? Yes No N/A

Test of supervisory signal devices (except tamper switches)? Yes No N/A

Test of off-premises transmission equipment? Yes No N/A

*N/A (not applicable) means there's no such feature in the building.

Semiannual Tests Recorded

Lead acid battery discharge test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lead acid battery load test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Lead acid battery specific gravity test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Nickel-battery load voltage test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Radiant energy fire detectors (flame detectors) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Valve tamper switches test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Waterflow devices test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Annual Tests Recorded

Test of panel functions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Test of transponders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Battery discharge test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Charger test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Control unit trouble signals test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Emergency voice communications equipment test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Remote annunciators test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Electromagnetic release devices test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Fixed extinguishing system switches test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Heat detectors test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Smoke detector sensitivity (See NFPA 72, 7-3.2.1) test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Alarm notification appliances test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Guard's tour equipment test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes: _____

