

INSPECTION AND TESTING FORM

Date: 112916 Time: 1600

SERVICE ORGANIZATION

Name: RB Allen
 Address: 131 Lafayette rd n Hampton NH
 Representative: _____
 License No.: _____
 Telephone: 6039648140

MONITORING ENTITY

Contact: cunningham security
 Telephone: _____
 Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

McCulloh Multiplex Digital
 Reverse Priority RF
 Other (Specify) _____

Control Unit Manufacturer: Edwards
 Model No.: IO500
 Circuit Styles: A
 Number of Circuits: 1
 Software Rev.: 3.7

Last Date System Had Any Service Performed: 112916

Last Date That Any Software or Configuration Was Revised: 112916

PROPERTY NAME (USER)

Name: _____
 Address: 161 Marginal Way Portland, ME
 Owner Contact: _____
 Telephone: _____

APPROVING AGENCY

Contact: Portland FD
 Telephone: _____

SERVICE

Weekly Monthly Quarterly
 Semiannually Annually
 Other (Specify) unknown

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
<u>8</u>	<u>A</u>	<u>8</u>	Manual Fire Alarm Boxes
<u>0</u>	<u>0</u>	<u>0</u>	Ion Detectors
<u>27</u>	<u>A</u>	<u>27</u>	Photo Detectors
<u>4</u>	<u>A</u>	<u>4</u>	Duct Detectors
<u>3</u>	<u>A</u>	<u>3</u>	Heat Detectors
<u>1</u>	<u>A</u>	<u>1</u>	Waterflow Switches
<u>1</u>	<u>A</u>	<u>1</u>	Supervisory Switches
			Other (Specify): _____

Alarm verification feature is disabled enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
20			Bells
			Horns
			Chimes
41			Strobes
			Speakers
			Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
0	0	0	Building Temp.
0	0	0	Site Water Temp.
0	0	0	Site Water Level
0	0	0	Fire Pump Power
0	0	0	Fire Pump Running
0	0	0	Fire Pump Auto Position
0	0	0	Fire Pump or Pump Controller Trouble
0	0	0	Fire Pump Running
0	0	0	Generator in Auto Position
0	0	0	Generator or Controller Trouble
0	0	0	Switch Transfer
0	0	0	Generator Engine Running
			Other (Specify): _____

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (*see NFPA 72[®], Table 6.6.1*):

Quantity 1 Style(s) A

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 120 Amps 20

Overcurrent Protection: Type BRKR Amps 20

Location (of Primary Supply Panelboard): _____

Disconnecting Means Location: BRKR

(b) Secondary (Standby):

SLA _____ Storage Battery: Amp-Hr Rating 7
Calculated capacity in 24 Amp-Hrs to operate system for 24 hours
Engine-driven generator dedicated to fire alarm system: 0
Location of fuel storage: 0

TYPE BATTERY

- Dry Cell Lead-Acid
 Nickel-Cadmium Other (Specify): _____
 Sealed Lead Acid

(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

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments:

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
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COMBINATION SYSTEMS

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Fire Extinguisher Monitoring Device/System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Carbon Monoxide Detector/System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INTERFACE EQUIPMENT

- | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SPECIAL HAZARD SYSTEMS

- | | | | |
|-----------------|--------------------------|--------------------------|--------------------------|
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (Specify) _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Special Procedures:

Comments:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

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 Inspector: Tony DiFranco Date: 112916 Time: 1600

Signature: Anthony DiFranco

Name of Owner or Representative: _____ Date: _____ Time: _____

Signature: _____