

FIRE ALARM AND EMERGENCY COMMUNICATION SYSTEM INSPECTION AND TESTING FORM

*To be completed by the system inspector or tester at the time of the inspection or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.
Attach additional sheets, data, or calculations as necessary to provide a complete record.*

Date of this inspection or test:

Time of inspection or test:

1. PROPERTY INFORMATION

Name of property: NDA 164 Middle Street; LLC

Address: 164 Middle Street; Portland, ME

Description of property:

Occupancy type:

Name of property representative: Pam Guinta

Address:

Phone:

Fax:

E-mail:

Authority having jurisdiction over this property: Portland FD

Phone:

Fax:

E-mail:

2. INSTALLATION, SERVICE, AND TESTING CONTRACTOR INFORMATION

Service and/or testing organization for this equipment: Cunningham Security Systems

Address: 10 Princes Point Road, Yarmouth, ME 04096

Phone: (207) 846-3350

Fax: (207) 846-6080

E-mail: info@cunninghamsecurity.com

Service technician or tester:

Qualifications of technician or tester:

A contract for test and inspection in accordance with NFPA standards is in effect as of:

The contract expires:

Contract number:

Frequency of tests and inspections: Annual

Monitoring organization for this equipment: Centra-Larm Monitoring, Inc.

A contract for test and inspection in accordance with NFPA standards is in effect as of:

Address: 994 Candia Road, Manchester, NH 03109

Phone: 1-800-639-2066

Fax: (603) 668-1117

E-mail: inputting@centragroup.net

Entity to which alarms are retransmitted:

Phone:

3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify):

NFPA 72, Fig. 14.6.2.4 (p. 1 of 13)

3. TYPE OF SYSTEM OR SERVICE (continued)

NFPA 72 edition:

Additional description of system(s):

3.1 Control Unit

Manufacturer: FireLite

Model number: MS9200UDL

3.2 Mass Notification System

This system does not incorporate an MNS

3.2.1 System Type:

In-building MNS—combination

In-building MNS—stand-alone

Wide-area MNS

Distributed recipient MNS

Other (specify):

3.2.2 System Features:

Combination fire alarm/MNS

MNS ACU only

Wide-area MNS to regional national alerting interface

Local operating console (LOC)

Direct recipient MNS (DRMNS)

Wide-area MNS to DRMNS interface

Wide-area MNS to high-power speaker array (HPSA) interface

In-building MNS to wide-area MNS interface

Other (specify):

3.3 System Documentation

An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record record drawings are stored on site. Location:

3.4 System Software

This system does not have alterable site-specific software.

Software revision number:

Software last updated on:

A copy of the site-specific software is stored on site. Location:

4. SYSTEM POWER

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel:

Control panel amps:

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage:

Type of fuel:

4.1.3 Uninterruptible Power System

This system does not have UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours):

In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.1.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours): In alarm mode (minutes):

Batteries are marked with date of manufacture.

4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System

This system does not have an EVACS or MNS.

4.2.1 Primary Power

Input voltage of EVACS or MNS panel: EVACS or MNS panel amps:

4.2.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.2.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): In alarm mode (minutes):

4.2.4 Batteries

Location: Type: Nominal voltage: Amp/hour rating:

Calculated capacity of batteries to drive the system:

In standby mode (hours): In alarm mode (minutes):

Batteries are marked with date of manufacture.

4.3 Notification Appliance Power Extender Panels

This system does not have power extender panels.

4.3.1 Primary Power

Input voltage of power extender panel(s): Power extender panel amps:

4.3.2 Engine-Driven Generator

This system does not have a generator.

Location of generator:

Location of fuel storage: Type of fuel:

4.3.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system:

Location of UPS system:

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): In alarm mode (minutes):

4. SYSTEM POWER (continued)

4.3.4 Batteries

Location: _____ Type: _____ Nominal voltage: _____ Amp/hour rating: _____
 Calculated capacity of batteries to drive the system: _____
 In standby mode (hours): _____ In alarm mode (minutes): _____
 Batteries are marked with date of manufacture.

5. ANNUNCIATORS

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: _____
 Annunciator 2: _____
 Annunciator 3: _____

6. NOTIFICATIONS MADE PRIOR TO TESTING

Monitoring organization Contact: _____ Time: _____
 Building management Contact: _____ Time: _____
 Building occupants Contact: _____ Time: _____
 Authority having jurisdiction Contact: _____ Time: _____
 Other, if required Contact: _____ Time: _____

7. TESTING RESULTS

7.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Power extender panels	<input type="checkbox"/>	<input type="checkbox"/>	
Isolation modules	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

NFPA 72, Fig. 14.6.2.4 (p. 4 of 13)

7. TESTING RESULTS (continued)

7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input type="checkbox"/>	<input type="checkbox"/>	
Generator or UPS	<input type="checkbox"/>	<input type="checkbox"/>	
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels	<input type="checkbox"/>	<input type="checkbox"/>	
Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ambient dBA			
Alarm dBA			
(attach report with locations, values, and weather conditions)			
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> CSI <input type="checkbox"/> STI			
(attach report with locations, values, and weather conditions)			
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS *(continued)*

7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA Alarm dBA (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Radio communications enhancement system	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge communication system	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator emergency communications system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.8 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

7.9 Emergency Communications System

- Visual
- Functional
- Simulated operation
- Ensure predischage notification appliances of special hazard systems are not overridden by the MNS.
See *NFPA 72*, 24.4.1.7.1.

7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7. TESTING RESULTS (continued)

7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke management/smoke control	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper operation	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke shutter release	<input type="checkbox"/>	<input type="checkbox"/>	
Door unlocking	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Elevator shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
MNS override of FA signals	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

7.12 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.13 Supervisory Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

7.15 Supervisory Station Monitoring

Description	Visual Inspection	Functional Test	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 restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

8. NOTIFICATIONS THAT TESTING IS COMPLETE

Monitoring organization	Contact:	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:

9. SYSTEM RESTORED TO NORMAL OPERATION

Date: _____ Time: _____

10. CERTIFICATION

10.1 Inspector Certification:

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed:	Printed name:	Date:
Organization: Cunningham	Title: Technician	Phone: 207-846-3350

10.2 Acceptance by Owner or Owner's Representative:

The undersigned has a service contract for this system in effect as of the date shown below.

Signed:	Printed name:	Date:
Organization:	Title:	Phone:

FIRE ALARM/ELEVATOR RECALL INSPECTION

TYPE OF INSPECTION: Fire	TECHNICIAN(S):
DATE:	ACCOUNT # 63-3780
CUST. NAME: NDA 164 Middle St. LLC	ADDRESS: 164 Middle St; Portland, ME

1. Was a copy of the inspection left on site?	If so, where?
2. Is panel clear?	
3. Are horns tied back in?	
4. Was inspection sticker applied?	If so, where?
5. What is the inspection sticker number?	
6. Did system pass or fail?	
7. Was system taken out of test?	
8. Is there a Knox box at this location?	
9. Were smoke detectors cleaned?	If no, customer initials here :
How Many Smokes Were Cleaned?	
<i>If yes, check off which ones were cleaned from the zone list page.</i>	

MINOR DISCREPANCIES
A.
B.
C.
D.
E.

MATERIALS USED/TIME SPENT

LABOR HOURS:	TRAVEL TIME:
--------------	--------------

CLIENT'S SIGNATURE:
