

# SYSTEM RECORD OF INSPECTION AND TESTING

*This form is to be completed by the system inspection and testing contractor at the time of a system 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.*

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_

Supplemental Form(s) Attached: \_\_\_\_\_ (yes/no)

## 1. PROPERTY INFORMATION

Name of property: \_\_\_\_\_

Address: \_\_\_\_\_

Description of property: \_\_\_\_\_

Name of property representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

## 2. TESTING AND MONITORING INFORMATION

Testing organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Monitoring organization: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Account number: \_\_\_\_\_ Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

## 3. DOCUMENTATION

On-site location of the required record documents and site-specific software: \_\_\_\_\_

## 4. DESCRIPTION OF SYSTEM OR SERVICE

### 4.1 Control Unit

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

### 4.2 Software and Firmware

Firmware revision number: \_\_\_\_\_

### 4.3 System Power

#### 4.3.1 Primary (Main) Power

Nominal voltage: \_\_\_\_\_ Amps: \_\_\_\_\_ Location: \_\_\_\_\_

Overcurrent protection type: \_\_\_\_\_ Amps: \_\_\_\_\_ Disconnecting means location: \_\_\_\_\_

**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

**4. DESCRIPTION OF SYSTEM OR SERVICE (continued)**

**4.3.2 Secondary Power**

Type: \_\_\_\_\_ Location: \_\_\_\_\_

Battery type (if applicable): \_\_\_\_\_

Calculated capacity of batteries to drive the system:

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

**5. 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: \_\_\_\_\_

**6. TESTING RESULTS**

**6.1 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"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

**6.2 Secondary Power**

Description	Visual Inspection	Functional Test	Comments
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"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

**6. TESTING RESULTS (continued)**

**6.3 Alarm and Supervisory Alarm Initiating Device**

Attach supplementary device test sheets for all initiating devices.

**6.4 Notification Appliances**

Attach supplementary appliance test sheets for all notification appliances.

**6.5 Interface Equipment**

Attach supplementary interface component test sheets for all interface components.

*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

**6.6 Supervising Station Monitoring**

Description	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 restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

**6.7 Public Emergency Alarm Reporting System**

Description	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 restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

**SYSTEM RECORD OF INSPECTION AND TESTING (continued)**

**7. 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: _____

**8. SYSTEM RESTORED TO NORMAL OPERATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**9. CERTIFICATION**

This system as specified herein has been inspected and tested according to NFPA 72, 2013 edition, Chapter 14.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Qualifications (refer to 10.5.3): \_\_\_\_\_

**10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF SYSTEM INSPECTION, TESTING, OR MAINTENANCE**

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**10.1 Acceptance by Owner or Owner's Representative:**

The undersigned accepted the test report for the system as specified herein:

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_