



ANNUAL FIRE ALARM INSPECTION FORM (Page 1 of 2)
CITY OF MOORHEAD FIRE PREVENTION DIVISION 111
402 21st Street South, Moorhead, MN 56560
(218) 299-5493 / jamie.garvey@moorheadmn.gov



INSPECTION AND TESTING FORM		ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION																																																										
INSPECTION AND TESTING FORM Date: _____ Time: _____		ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Quantify of Appliances Installed</th> <th style="width: 30%;">Circuit Style</th> <th style="width: 30%;">Quantity of Appliances Tested</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>Bells</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Horns</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Chimes</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Strobes</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Speakers</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Other (Specify): _____</td></tr> </tbody> </table>			Quantify of Appliances Installed	Circuit Style	Quantity of Appliances Tested		_____	_____	_____	Bells	_____	_____	_____	Horns	_____	_____	_____	Chimes	_____	_____	_____	Strobes	_____	_____	_____	Speakers	_____	_____	_____	Other (Specify): _____																												
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SERVICE ORGANIZATION Name: _____ Address: _____ Representative: _____ License No.: _____ Telephone: _____		PROPERTY NAME (USER) Name: _____ Address: _____ Owner Contact: _____ Telephone: _____																																																										
MONITORING ENTITY Contact: _____ Telephone: _____ Monitoring Account: Ref. No.: _____		APPROVING AGENCY Contact: _____ Telephone: _____																																																										
TYPE TRANSMISSION <input type="checkbox"/> McCulloh <input type="checkbox"/> Multiplex <input type="checkbox"/> Digital <input type="checkbox"/> Reverse Priority <input type="checkbox"/> RF <input type="checkbox"/> Other (Specify): _____		SERVICE <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other (Specify): _____																																																										
Control Unit Manufacturer: _____ Circuit Styles: _____ Number of Circuits: _____ Software Rev.: _____ Last Date System Had Any Service Performed: _____ Last Date That Any Software or Configuration Was Revised: _____		SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Quantify of Devices Installed</th> <th style="width: 30%;">Circuit Style</th> <th style="width: 30%;">Quantity of Devices Tested</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>Building Temp.</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Site Water Temp.</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Site Water Level</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Fire Pump Power</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Fire Pump Running</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Fire Pump Auto Position</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Fire Pump or Pump Controller Trouble</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Fire Pump Running</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Generator in Auto Position</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Generator or Controller Trouble</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Switch Transfer</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Generator Engine Running</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>Other: _____</td></tr> </tbody> </table>			Quantify of Devices Installed	Circuit Style	Quantity of Devices Tested		_____	_____	_____	Building Temp.	_____	_____	_____	Site Water Temp.	_____	_____	_____	Site Water Level	_____	_____	_____	Fire Pump Power	_____	_____	_____	Fire Pump Running	_____	_____	_____	Fire Pump Auto Position	_____	_____	_____	Fire Pump or Pump Controller Trouble	_____	_____	_____	Fire Pump Running	_____	_____	_____	Generator in Auto Position	_____	_____	_____	Generator or Controller Trouble	_____	_____	_____	Switch Transfer	_____	_____	_____	Generator Engine Running	_____	_____	_____	Other: _____
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Alarm verification feature is disabled _____ enabled _____.		TYPE BATTERY <input type="checkbox"/> Dry Cell <input type="checkbox"/> Nickel-Cadmium <input type="checkbox"/> Sealed Lead-Acid <input type="checkbox"/> Lead-Acid <input type="checkbox"/> Other (Specify): _____ (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																																																										



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PRIOR TO ANY TESTING					EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
NOTIFICATIONS ARE MADE									
Monitoring Entity	Yes	No	Who	Time	Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
AHJ Notified of Any Impairments	<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"/>	_____	
SYSTEM TESTS AND INSPECTIONS					COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
TYPE	Visual	Functional	Comments		Fire Extinguisher Monitoring Device System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____		Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	_____						
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____		INTERFACE EQUIPMENT				
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____						
SECONDARY POWER					SPECIAL HAZARD SYSTEMS				
TYPE	Visual	Functional	Comments		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Battery Condition	<input type="checkbox"/>		_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load Voltage		<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	_____		Special Procedures: _____				
Charger Test		<input type="checkbox"/>	_____						
Specific Gravity		<input type="checkbox"/>	_____						
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____						
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____						
NOTIFICATION APPLIANCES					SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____		Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____		Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____		Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Voice Clarity	<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"/>	_____	_____
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS					NOTIFICATIONS THAT TESTING IS COMPLETE				
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail	Who	Time
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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_____	_____	<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: _____					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: _____ Date: _____ Time: _____				
					Signature: _____				
					Name of Owner or Representative: _____ Date: _____ Time: _____				
					Signature: _____				