



Fire Alarm · 24-Hour Monitoring · Fire and Safety Products · Security · Engineered Fire Suppression · Sprinkler Service
2730 Pinnacle Drive · Elgin, IL 60124-7943 · 847-695-5990 · Fax 847-695-3699 · www.foxvalleyfire.com

FIRE ALARM INSPECTION AND TESTING

1. PROPERTY INFORMATION

Name of property: _____ Worksite: _____
Address: _____
Description of property: _____
Name of property representative: _____
Address: _____
Phone: _____ Fax: _____ E-mail: _____
Service order number: _____ Inspection frequency: _____

2. TESTING AND MONITORING INFORMATION

Testing organization: _____
Address: _____
Phone: _____ Fax: _____
Monitoring organization: _____
Address: _____
Phone: _____ Account number: _____
Circuit number: _____ Phone line 1: _____ Phone line 2: _____
Means of transmission: _____

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 Panel Locations: _____

Firmware revision number: _____

4.3 System Power

4.3.1 Primary (Main) Power

Nominal voltage: _____ Amps: _____ Location: _____

Overcurrent protection type: _____ Amps: _____ Disconnecting means location: _____

4.3.2 Secondary Power

Type: _____ Location: _____

Battery type (if applicable): _____ Amp hour rating: _____

Calculated capacity of batteries to drive the system

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



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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"/>	
Elevator recall	<input type="checkbox"/>	<input type="checkbox"/>	
Shunt trip	<input type="checkbox"/>	<input type="checkbox"/>	
Door holder	<input type="checkbox"/>	<input type="checkbox"/>	
Door closure	<input type="checkbox"/>	<input type="checkbox"/>	
Area of refuge	<input type="checkbox"/>	<input type="checkbox"/>	
Fan shutdown	<input type="checkbox"/>	<input type="checkbox"/>	
Fire damper	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke damper	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	



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6.3 Secondary Power

Location: _____

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	

6.4 Alarm and Supervisory Initiating Device

Description	Quantity	Visual Inspection	Functional Test	Comments
Manual pull		<input type="checkbox"/>	<input type="checkbox"/>	
Smoke detector		<input type="checkbox"/>	<input type="checkbox"/>	
Heat detector		<input type="checkbox"/>	<input type="checkbox"/>	
IR detector		<input type="checkbox"/>	<input type="checkbox"/>	
Beam detector		<input type="checkbox"/>	<input type="checkbox"/>	
Wet water flow		<input type="checkbox"/>	<input type="checkbox"/>	
Dry water flow		<input type="checkbox"/>	<input type="checkbox"/>	
Duct detector		<input type="checkbox"/>	<input type="checkbox"/>	
Remote test station		<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler tamper (supervisory)		<input type="checkbox"/>	<input type="checkbox"/>	
Sprinkler low/high (supervisory)		<input type="checkbox"/>	<input type="checkbox"/>	
CO detector		<input type="checkbox"/>	<input type="checkbox"/>	
Low temperature		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump running		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump phase fail		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump phase reversal		<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump trouble		<input type="checkbox"/>	<input type="checkbox"/>	
Kitchen system		<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"/>	

6.5 Notification Appliances

Description	Quantity	Visual Inspection	Functional Test	Comments
Horn strobe		<input type="checkbox"/>	<input type="checkbox"/>	
Horn		<input type="checkbox"/>	<input type="checkbox"/>	
Strobe		<input type="checkbox"/>	<input type="checkbox"/>	
Speaker		<input type="checkbox"/>	<input type="checkbox"/>	
Speaker strobe		<input type="checkbox"/>	<input type="checkbox"/>	
Chime		<input type="checkbox"/>	<input type="checkbox"/>	
Bell		<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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6.6 Supervisory 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"/>		

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



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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. FIRE ALARM TECHNICIAN

Printed name: _____ Signature: _____
Qualifications/NICET ID: _____ Expiration Date: _____

11. CUSTOMER SIGNATURE

Printed name: _____ Signature: _____

Date In: _____ Time In: _____ | Date Out: _____ Time Out: _____