

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)		Building Life Safety Systems Testing		
		Date of Service:	Last Service Date:	Work Order Number:
Building Name:		Contact Person:	Phone:	
Address:		Owner/Strata Number:	Fax:	
City:	State:	Zip Code:	Phone:	
			Fax:	

This form is intended to provide the owner or fire inspector with an overview of what fire protection systems exist in the building and which systems were inspected and tested by a qualified technician. The applicable reports indicated below are attached hereto and comprise _____ pages. The attached reports comply with the Inspection Standards upon which they are based.

There is fire protection equipment located at the above referenced address that has not been tested in accordance with the State/Territorial Fire Code. YES NO

Estimated Time To Test Building: _____ Man Hours
Actual Time to Test Building: _____ Man Hours

Building Life Safety & Emergency Systems	✓	Tech. #	Initial	Comments
Fire Alarm System Test Report				
Smoke Control System Test Report				
Unit Emergency Lighting Test Report				
Sprinkler Systems Test Report				
Standpipe Systems Test Report				
Fire Pump Test Report				
Backflow Prevention Device Test Report				
Emergency Generator Set Test Report				
Fixed Extinguishment System Test Report				
Fire Extinguishers Test Report				

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "Remarks". A copy should be maintained on the premises. By signing below, the Owner or Owner's Representative accepts the test reports for the systems specified herein.

Company Name			
Service Manager		Date	Owner or Authorized Representative

Building Fire Alarm/EVC System Testing			
Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	Date of Service:		Last Service Date:
	Annual Inspection		Special Inspection/Audit
	Direct Connection		Work Order Number:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
	Single Stage	Two Stage	Number of Conventional Zones:
<input type="checkbox"/>	<input type="checkbox"/>	Initiating:	
Addressable	Conventional	Notification:	
<input type="checkbox"/>	<input type="checkbox"/>	Voice Paging:	
Manufacturer:		Model Number:	Serial Number:
Building Name:		Contact Person:	Phone:
Address:		Owner/Property Manager/Strata Number:	Fax:
City:	State:	Zip Code:	Phone:
Monitoring Organization:		Contact Person:	Fax:
Address:			
City:	State:	Zip Code:	
Signal Transmission Means (Digital Communications):			
<input type="checkbox"/> Single Line Dialler <input type="checkbox"/> Dual Line Dialler <input type="checkbox"/> Cellular Backup <input type="checkbox"/> IP Backup <input type="checkbox"/> Radio Backup <input type="checkbox"/> Other: _____			
Phone Line #1:	Phone Line #2:	Entity to which alarms are re-transmitted:	
Signal Transmission Means (Stand-alone):		Account Number (Primary):	
<input type="checkbox"/> Supervised Cellular <input type="checkbox"/> Supervised IP <input type="checkbox"/> Supervised Radio		Account Number (Secondary):	

Yes	No	Summary	Follows NFPA-72(2016)
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system is now fully functional without deficiencies.	
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system has deficiencies <input type="checkbox"/> remarks <input type="checkbox"/> noted. These comments start on page _____.	
<input type="checkbox"/>	<input type="checkbox"/>	The entire fire alarm system has been tested in accordance with NFPA 72 (2016).	
<input type="checkbox"/>	<input type="checkbox"/>	The fire alarm system documentation is on site and includes a description of the system.	
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of operation confirmed and tested.	
<input type="checkbox"/>	<input type="checkbox"/>	A copy of this report will be given to: _____ (the owner or owner's representative for the building).	

Certification			
The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, the manufacturer's requirements and NFPA 72 (2016) Chapter 14, by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "Remarks".			
Company:			
Supervising/Primary Technician Name	Certification No.	Date	Signature
Company:			
Technician Conducting Test and Inspection	Certification No.	Date	Signature

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

Date:	Address:
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3. Documentation			
	Yes	No	N/A
Instructions for resetting the system and silencing alarm signals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions for silencing the trouble signal and action to be taken when the trouble signal sounds.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the function of each operating control and indicator on the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of the area or fire zone protected by each alarm detection circuit (this may be in the form of a list or plan drawing).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of alarm signal operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of ancillary equipment controlled by the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Description of elevator homing functions activated by the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic door holder release activated by fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire shutter release activated by fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Extinguishing system controlled by fire alarm system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Safety Plan documentation on site?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instructions to Occupants/Evacuation Floor Plans are posted.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
In systems that provide logical control of a smoke control system, documentation is on site and includes a sequence of operation of the smoke control system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke control installed in accordance with Measure: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building diagrams are on site that clearly indicates the type and location of all smoke control equipment (fans, dampers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional documentation relating to smoke control measures in the building is appended to this report.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are a total of:			remotely installed amplifiers in this FAS.
			supervised power supplies in this FAS.
			remote sequential display units in this FAS.
			remote annunciators in this FAS.
			remote trouble units in this FAS.
			stand-by batteries in this FAS.
			remote booster/power supplies in this FAS.
List all locations where remote booster/power supplies, batteries & amplifiers are installed:			

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4.3.1 Power Supply Inspection			
Power Supply Field Location: _____			
Power Supply Identification: _____			
Circuit Disconnect Means Location: _____			
Circuit Panel/Breaker Identification: _____			
	Yes	No	N/A
Fused in accordance with the manufacturer's marked rating of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequate to meet the requirements of the system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Where fault isolation in power distribution riser has been provided, tests have been conducted to ensure a wire-to-wire short in the field wiring between each pair of control units or transponders, in turn, results in annunciation of the fault and continued operation outside of the shorted section confirmed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dead-front panel(s) in place & as per manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary devices, which are powered from the control unit or transponder, are recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power for ancillary devices is taken from a source separate from the fire alarm system control unit or transponder power supply.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power for ancillary devices is taken from the control unit or transponder that is designed to provide such power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power supply cabinet (where applicable) is clean and free of dust and dirt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3.2, 6.2 Secondary Power Supply Test And Inspection			
Emergency Power Supply Field Location: _____			
Emergency Power Supply Identification: _____			
Battery Type (as installed): <input type="checkbox"/> Sealed Lead Acid <input type="checkbox"/> Ni-Cad <input type="checkbox"/> Lithium-Ion <input type="checkbox"/> Wet Lead			
Battery Capacity (as installed): _____ AH			
Required Building Code Alarm Operation: <input type="checkbox"/> 30 minutes <input type="checkbox"/> 120 minutes			
	Yes	No	N/A
Correct battery type as recommended by the manufacturer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct battery rating as determined by battery calculations based on full system load.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery voltage (main power "on"):			VDC
Battery voltage – main power "off" – FAS in supervisory condition:			VDC
Battery current – main power "off" – FAS in supervisory condition:			mA
Battery voltage – main power "off" – FAS in full load ALARM:			VDC
Battery current – main power "off" – FAS in full load ALARM:			A
Battery charging current (main power "on"):			mA
Inspected for physical damage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminals cleaned and lubricated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terminals clamped tightly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Correct electrolyte level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific gravity of the electrolyte is within the battery manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspected for electrolyte leakage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adequately ventilated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record manufacturer's date code or in-service date: _____			
Disconnection causes trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicate type of test performed on a fully charged battery (select one):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i) A battery capacity meter test; or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Replace the batteries with a new set having a current date code/capacity/type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record calculated battery capacity (refer to Appendix D3.1-C). _____			
Record the battery terminal voltage after tests are completed. _____			
Battery voltage not less than 85% of its rated capacity after tests completed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator provides power to the AC circuit serving the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble condition at the emergency generator results in an audible common trouble signal and a visual indication at the required annunciator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Inspection & Testing:			
Generator fueled by: <input type="checkbox"/> Diesel <input type="checkbox"/> Natural Gas <input type="checkbox"/> Other: _____			
Fuel Level: _____ % of full capacity	Estimated run time: _____	Hours	

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6.1 Control Unit or Transponder Inspection				
Control Unit/Transponder Field Location:				
Control Unit/Transponder Identification:				
		Yes	No	N/A
Control Unit/Transponder General Condition & Appearance:				
	Input circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Output circuit designations correctly identified in relation to connected field devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Correct designations for common control functions and indicators.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plug-in components and modules securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Plug-in cables securely in place.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Record the date, revision and version of firmware: Date: _____ Revision: _____ Version: _____			
	Record the date, revision and version of the program software: Date: _____ Revision: _____ Version: _____			
	Control unit/transponder is clean and free of dust and dirt.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fuses in accordance with the manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Control unit/transponder lock is functional.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Termination points for wiring to field devices secure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dead-front panel(s) in place & as per manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Field wiring entry points for the various circuits and circuit separations are in accordance with the manufacturer's installation instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Main power supply feed wiring is in accordance with the manufacturer's specifications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Control panel bonded to ground.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Each control unit/transponder has been furnished with installation, operating and maintenance instructions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Power 'on' visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	System is free of trouble indications.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Date:	Address:
Building Name:	City/Town:

6.1 Control Unit or Transponder Inspection (Continued)			
Control Unit/Transponder Field Location:			
Control Unit/Transponder Identification:	Yes	No	N/A
Control Unit/Transponder Operational Testing:			
Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Power supply failure trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground fault tested on positive and negative initiates trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alert signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic transfer from alert signal to alarm signal operates. Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual transfer from alert signal to alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Automatic transfer from alert to alarm signal cancel (acknowledge) operates on a two stage system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signal silence inhibit function operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signal manual silence operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signal silence visual indication operates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signal and visible signal devices, when silenced, automatically reinitiate upon subsequent alarm. <input type="checkbox"/> In same zone <input type="checkbox"/> In other zone/circuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm signal silence automatic cut-out timer. Time: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Audible and visual alert signals and alarm signals programmed and operate per design and specification, or documentation as detailed in Commissioning Documentation, Description of Fire Alarm System for Inspection and Test Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input circuit alarm and supervisory operation, including audible and visual indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output circuit alarm indicators operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Output circuit supervision fault causes a trouble indication.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coded signal sequences operate not less than the required number of times and the correct alarm signal operates thereafter.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coded signal sequences are not interrupted by subsequent alarms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ancillary device by-pass results in trouble signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Input circuit to output circuit operation, including ancillary device circuits for correct program operation, as per design and specification, or documentation as detailed in Appendix E, Description of Fire Alarm System for Inspection and Test Procedures.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm reset function operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main power to emergency power supply transfer operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarm, trouble, & supervisory relays function correctly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke detector alarm verification (status change confirmation) verified. [Refer to Subsection 6.7.4.3, Smoke Detector Alarm Verification (Status Change Confirmation)].	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

Date:	Address:
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6.1 Voice Communication System Test				
Location:				
Identification:				
	Yes	No	N/A	
	Dead-front panel(s) in place & as per manufacturer's specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Communication control enclosure bonded to ground.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Power 'on' visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Common visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Common audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trouble signal silence switch operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Trouble signal on the voice communication system results in common trouble signal on the fire alarm system.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All-call voice paging, including visual indicator, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Output circuits for selective voice paging, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Output circuits for selective voice paging trouble operation, including visual indication, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Microphone, including press to talk switch, operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operation of voice paging does not interfere with initial inhibit time of alert signal and alarm signal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	All-call voice paging operates (on emergency power supply).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Upon failure of one amplifier, system automatically transfers to backup amplifier(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Circuits for emergency telephone call-in operation, including audible and visual indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Circuits for emergency telephones for operation, including two-way voice communication, operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Circuits for emergency telephone trouble operation, including visual indication, operate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency telephone verbal communication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency telephone operable or in-use tone at handset operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Main power to emergency power supply transfer operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	While in standby mode, voice communication busses used for paging, alert signal, alarm signal, and emergency telephone communication circuits, an open circuit fault, or short circuit fault, or operation of an overcurrent protective device provided for the purpose, shall result in a specific trouble indication specific to the faulty buss.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Date:	Address:
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6.1 ANNUNCIATOR AND DISPLAY AND CONTROL CENTRE TEST AND INSPECTION				
Annunciator Location:				
Annunciator Identification:				
		Yes	No	N/A
	Power "on" indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual alarm and supervisory input zone clearly indicated and separately designated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual alarm and supervisory input zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where active and supporting field devices are utilized, device labels correspond with actual field location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Common trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Input wiring from control unit or transponder is supervised and of the correct type and gauge in accordance with the equipment manufacturer's installation wiring requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alarm signal silence visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Switches for ancillary functions operate as per design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ancillary functions visual indicators operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manual activation of alarm signal and indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Displays are visible in the installed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Operates on emergency power.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Multi-line sequential display operates as per Appendix C5.9 (Annunciators or Sequential Displays), where utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1 ANNUNCIATORS OR SEQUENTIAL DISPLAYS				
Annunciator/Sequential Display Location:				
Annunciator/Sequential Display Identification:				
		Yes	No	N/A
	Power "on" indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual alarm and supervisory zone indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Exception: Operation of each individual alarm and supervisory zone indication gives the identical indication, or lights the identical indicators at the other annunciator(s) and sequential display(s). Specify method of confirmation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Minimum of one alarm zone and one supervisory zone tested per annunciator or sequential display to confirm operation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Individual alarm and supervisory input zone designation labels are properly identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Where active and supporting field devices are utilized, device labels correspond with actual field location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Common trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visual indicator test (lamp test) operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Input wiring from control unit or transponder is supervised and of the correct type and gauge in accordance with the equipment manufacturer's installation wiring requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Alarm signal silence visual indicator operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Switches for ancillary functions operate as per design and specification.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Ancillary functions visual indicators operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Manual activation of alarm signal and indication operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Displays are visible in the installed location.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.1 Remote Trouble Signal Unit Test And Inspection				
Remote trouble signal unit location:				
Remote trouble signal unit identification:				
		Yes	No	N/A
	Input wiring from control unit or transponder is supervised.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visual trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Audible trouble signal operates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

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6.1 Operation Test for Data Communication Link			
Control Unit/Transponder Field Location: _____			
Control Unit/Transponder Identification: _____			
DCL Identification: _____			
		Yes	No
		N/A	
	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	<input type="checkbox"/>	<input type="checkbox"/>
	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	<input type="checkbox"/>	<input type="checkbox"/>
	Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:		
	(i) Control unit to control unit	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Control unit to transponder	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Transponder to transponder	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit/Transponder Field Location: _____			
Control Unit/Transponder Identification: _____			
DCL Identification: _____			
		Yes	No
		N/A	
	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	<input type="checkbox"/>	<input type="checkbox"/>
	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	<input type="checkbox"/>	<input type="checkbox"/>
	Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:		
	(i) Control unit to control unit	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Control unit to transponder	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Transponder to transponder	<input type="checkbox"/>	<input type="checkbox"/>
Control Unit/Transponder Field Location: _____			
Control Unit/Transponder Identification: _____			
DCL Identification: _____			
		Yes	No
		N/A	
	Confirm that a trouble signal is received at the control unit or transponder under an open loop fault.	<input type="checkbox"/>	<input type="checkbox"/>
	Where fault isolation modules are installed in data communication links serving field devices, wiring shorted on the isolated side, annunciation of the fault confirmed, and then a device on the source side operated, and activation confirmed at the control unit or transponder.	<input type="checkbox"/>	<input type="checkbox"/>
	Where fault isolation in data communication links is provided between control units or transponders and between transponders, introduce a short circuit fault and confirm annunciation of the fault and operation outside the shorted section between each pair of:		
	(i) Control unit to control unit	<input type="checkbox"/>	<input type="checkbox"/>
	(ii) Control unit to transponder	<input type="checkbox"/>	<input type="checkbox"/>
	(iii) Transponder to transponder	<input type="checkbox"/>	<input type="checkbox"/>

6.1 Printer Test			
Printer Location: _____			
Printer Identification: _____			
		Yes	No
		N/A	
	Operates as per design and specification, or in accordance with documentation provided in Appendix E.	<input type="checkbox"/>	<input type="checkbox"/>
	Zone of each alarm initiating device is correctly printed.	<input type="checkbox"/>	<input type="checkbox"/>
	Rated voltage is present.	<input type="checkbox"/>	<input type="checkbox"/>

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

Date:	Address:
Building Name:	City/Town:

6. TESTING RESULTS – LEGEND AND NOTES			
Device	Description	Type	Model Number
	Manual Initiating Devices		
M	Manual pull station		
MAS	Manual Abort Station		
	Automatic Fire Detection Devices		
HD	Heat Detector , restorable or non-restorable, fixed temperature (12)		
RHD	Heat Detector , restorable, rate-of-rise thermostat (12)		
S	Ionization Smoke detector (4)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
PS	Photo-electric Smoke detector (4)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
DS	Duct Smoke detector (4, 5, 6)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
MC	Multi-Criteria type detector (specify detection types)		
	Sensitivity Test Method (or Test Equipment Model/Method):		
	Manufacturer's Sensitivity Test Range:		
CO	Carbon Monoxide detector		
OD	Other Detector type (specify)		
EOL(R)	End-of-Line resistor ("R" indicates "Power Supervision Relay")		
	Fire Sprinkler Devices		
FS	Sprinkler Flow Switch (7)		
FPS	Sprinkler Flow Pressure Switch (7)		
TS	Sprinkler valve supervisory Tamper Switch (8)		
LA	Low Air supervisory device (9)		
LT	Low Temperature supervisory device (10)		
HTC	Heat Trace Controller		
TLW	Tank Low Water supervisory device		
	Fire Alarm Signalling Devices		
B	Bell		
H	Horn		
BZ(S)	Mini Buzzer ("S" indicates "silenceable" type)		
SSB	Smoke Sounder Base		
V	Visual alarm device (specify strobe type or corridor indicator)		
SP	Cone type Speaker		
HSP	Horn Speaker		
AV	Combination Audible/Visual Device - specify type (i.e. Horn/Strobe Unit)		
SCIM	Signal Circuit Isolation Module		
ET	Emergency Telephone (Fire Fighter's Phone)		
	Supporting Field Devices (Addressable Systems)		
RPM	Remote Point Module (13)		
SRIM	Single point Remote Initiating Module		
DRIM	Dual input Remote Initiating Module		
RPIM	Remote Point Isolator Module (16)		
SCRM	Signal Circuit Remote Module		
RRM(S)	Remote Relay Module ("S" provides supervised outputs)		
	Ancillary Devices		
DH(M,FL)	Door Holder ("M" is Magnetic, "FL" is Fusible Link)		
DM	Damper Motor		
R	Relay		
AD	Other Ancillary Device (11)		
SA	Smoke Alarm (specify single or multi-station type)		

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

Date:	Address:
Building Name:	City/Town:

Supervising Station Monitoring					
5. Notification Made Prior to Testing				Time	
	Monitoring Organization Contact:				
	Building Management Contact:				
	Building Occupants Contact:				
	Authority Having Jurisdiction Contact:				
	Other, if required:				
6.6 Supervising Station Monitoring Testing					
Communicator Location:					
Circuit Disconnect Means Location:					
Circuit Panel/Breaker Identification:					
		Yes	No	N/A	Time
	The fire signal receiving centre transmitter is integral to the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	The fire signal receiving centre transmitter is located remotely from the fire alarm control unit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tested and confirmed operation of alarm relay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tested and confirmed operation of trouble relay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Tested and confirmed operation of supervisory relay.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the alarm transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the alarm restoral transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the supervisory transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the supervisory restoral transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the trouble transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the trouble restoral transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Operation of the fire signal receiving centre transmitter bypass means results in a specific trouble indication at the fire alarm control unit or transponder and transmits a trouble signal to the fire signal receiving centre.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.7 Public Emergency Alarm Reporting System					
	Confirm the alarm transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the alarm restoral transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the supervisory transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the supervisory restoral transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the trouble transmission to the fire signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Confirm the trouble restoral transmission to the signal receiving centre is received.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Notification That Testing Is Complete					
	Monitoring Organization Contact:				
	Building Management Contact:				
	Building Occupants Contact:				
	Authority Having Jurisdiction Contact:				
	Other, if required:				
8. System Restored to Normal Operation (Post Test Checklist)					
	Reconnect time limit cutouts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reconnect ancillary functions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reconnect ancillary functions (off site connections)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reconnect signal power?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Ensure that the fire alarm system is fully functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

Date:		Address:	
Building Name:		City/Town:	

10. DEFECTS OR MALFUNCTIONS NOT CORRECTED AT CONCLUSION OF TESTING

Empty space for recording defects or malfunctions not corrected at conclusion of testing.

10. RECOMMENDATIONS

Empty space for recording recommendations.

BUILDING LIFE SAFETY SYSTEMS – FIRE ALARM SYSTEM INSPECTION AND TESTING (NFPA 72 - 2016)

Date:		Address:	
Building Name:		City/Town:	

10. GENERAL REMARKS

Large empty rectangular area for recording general remarks.

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<h2 style="margin: 0;">Unit Emergency Lighting Test & Inspection</h2>
Date of Service: _____ Last Service Date: _____	
Monthly <input type="checkbox"/> Annual <input type="checkbox"/> Special Inspection <input type="checkbox"/>	
Building Name: _____	Contact Person: _____ Phone: _____
Address: _____	Owner/Strata Number: _____ Fax: _____
City: _____ State: _____	Phone: _____ Fax: _____
Zip Code: _____	

Monthly Inspection and Tests		Annual Tests	
A Pilot lights are functioning?	D Battery surface clean and dry?	G Test to ensure lights function for a duration equal to design criteria?	
B Terminal connections clean?	E Electrolyte level and specific gravity, OK?	H Test charging conditions for voltage & current recovery period to ensure charging system is functioning.	
C Terminal clamps clean and tight?	F Proper light function - power loss?		

“√” - Yes (Acceptable) “X” - No (Unacceptable) (“NO” answers explained in “Remarks/Comments”)

Location of Unit	Monthly Inspection and Tests						Annual Tests		Times		Voltage/Size	Comments
	A	B	C	D	E	F	G	H	On	Off		

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". A copy should be maintained on the premises.

Company Name			
Technician Conducting Testing	Certification No.	Date	Technician Signature

<h2 style="margin: 0;">Building Sprinkler Systems Tests</h2>													
Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Date of Service:</td> <td colspan="2">Last Service Date:</td> </tr> <tr> <td style="text-align: center;">Daily <input type="checkbox"/></td> <td style="text-align: center;">Weekly <input type="checkbox"/></td> <td style="text-align: center;">Monthly <input type="checkbox"/></td> <td style="text-align: center;">Quarterly <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Semiannual <input type="checkbox"/></td> <td style="text-align: center;">Annual <input type="checkbox"/></td> <td style="text-align: center;">Third Year <input type="checkbox"/></td> <td style="text-align: center;">Fifth Year <input type="checkbox"/></td> </tr> </table>	Date of Service:		Last Service Date:		Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>
Date of Service:		Last Service Date:											
Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>										
Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>										
Building Name:	Contact Person: _____ Phone: _____												
Address:	Owner/Strata Number: _____ Fax: _____												
City: _____ State: _____	Zip Code: _____ Phone: _____												
	Fax: _____												

Summary of systems tested in accordance with the BC Fire Code and referenced Standards.

System	#1	#2	#3	#4	#5
Wet					
Dry pipe partial test					
Dry pipe full flow test					
Deluge					
Pre-action					
Other					
Area of coverage					
Size (gallons)					
Manufacturer					
System Water Pressure					
Supply Water Pressure					
System Air Pressure					
Trip Pressure					
Trip Time					
System	#6	#7	#8	#9	#10
Wet					
Dry pipe partial test					
Dry pipe full flow test					
Deluge					
Pre-action					
Other					
Area of coverage					
Size (gallons)					
Manufacturer					
System Water Pressure					
Supply Water Pressure					
System Air Pressure					
Trip Pressure					
Trip Time					

Yes	No	Visual Pre-Inspection Check
<input type="checkbox"/>	<input type="checkbox"/>	Compressor Manufacturer/Model No.: _____ Date of last compressor service: _____
		Designer: _____ Engineer: _____
<input type="checkbox"/>	<input type="checkbox"/>	Corrosion evident? Sprinkler Heads <input type="checkbox"/> Joints <input type="checkbox"/> Hangers <input type="checkbox"/> Supply/Riser/Distribution Piping <input type="checkbox"/> Valves <input type="checkbox"/>
		Corrosion is: Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Condition of heat tracing/insulation: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Replacement of affected components is indicated. ("Yes" answer detailed in remarks section)
<input type="checkbox"/>	<input type="checkbox"/>	Remarks concerning the system have been made? (Please refer to the Comments/Remarks section of this report.)

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". A copy should be maintained on the premises.

Company Name			
Technician Performing Test	Certification Number/Stamp	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2011)

Date:		
Building Name:		Address:
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.		
System Number:		

"✓" = **Yes - Tested correctly** "X" = **No - Did not test correctly (NO answers are detailed in "Comments/Remarks")** "NA" = **Not applicable**

Sprinkler System Inspection

Daily / weekly if low temperature alarms are installed.

- _____ (a) Enclosures - dry-pipe or deluge valves maintaining 40F/4C?
- _____ (b) Heat trace controller(s) power "on".
- _____ (c) Is heat trace controller in "trouble"? Yes No

Weekly

- _____ Relief port for reduced pressure & backflow prevention assemblies is free from discharge?

Weekly and Monthly Inspection Items

- _____ Gauges on dry, pre-action and deluge systems in good condition?
- _____ Inspect air pressure and water pressure?
- _____ Control valves (and isolation valves on backflow prevention devices):
- _____ (a) In correct (open or closed) position?
- _____ (b) Sealed, locked or supervised and accessible?
- _____ (c) Free from external leaks?
- _____ (d) Provided with appropriate wrenches?
- _____ Alarm valve free from damage, trim in correct position, and no leakage?

Quarterly Inspection Items (in addition to above)

- _____ Pre-action and deluge valves inspected externally & free from damage?
- _____ Electrical components in service?
- _____ Gauges wet pipe in good condition and normal water pressure is being maintained?
- _____ Dry pipe valve/quick opening devices shall be inspected externally.
- _____ Backflow prevention assemblies shall be inspected (locked or properly supervised by an acceptable electrical means).
- _____ Control valves shall be inspected.
- _____ Alarm valves shall be inspected externally.
- _____ Hydraulic name plate is properly affixed to the sprinkler riser?
- _____ Date on Label: _____

Heat Tracing - check pipe insulation for cuts or abrasions.

Check exposed cable/connectors for chaffing, cuts, or abrasions.

- _____ Oil level in normal range on air compressor?
- _____ Condition of oil in sight glass? Clean Cloudy Dirty
- _____ Filter checked? Replacement required? Yes No NA
- _____ Belt checked for proper tension? Condition? Good Worn
- _____ Inspect electrically supervised valves?
- _____ Alarm devices inspected to verify they are free from physical damage?
- _____ Pressure regulating control valves shall be inspected.
- _____ Sprinkler pressure regulating & control valves shall be inspected.
- _____ Fire department connection?

Annual inspection items.

- _____ Buildings - prior to freezing weather?
- _____ Hangers and seismic braces inspected from floor level?
- _____ Pipe and fittings shall be inspected from floor level?
- _____ Sprinklers shall be inspected from floor level?
- _____ Spare sprinklers shall be inspected?

Interior of dry pipe valve shall be inspected at time of trip test?

- _____ Pre-action/deluge valves shall be inspected internally?
- _____ Interior of dry-pipe, pre-action, deluge valves internal inspection?

Heat Tracing - Check all connections tight, clamped & undamaged.

- _____ Check heat trace controller for trouble and ground fault response.
- _____ Check heat trace controller interconnection to fire alarm system.

Fifth year inspection items.

- _____ Alarm valves & strainers, filters and restriction orifices passed internal inspection?
- _____ Pre-action/deluge valve and their associated strainers, filters and restriction orifices pass internal inspection?
- _____ Dry pipe valves/quick opening devices internally inspect strainers, filters & orifices?
- _____ Check Valves internally inspected and all parts operate properly, move freely and are in good condition?
- _____ Interior of dry-pipe, pre-action, deluge valves internal inspection?

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2011)

Date: _____	Address: _____
Building Name: _____	
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.	
System Number: _____	

Sprinkler System Testing	
Quarterly Tests	Annual Testing
<input type="checkbox"/> Water flow alarms passed tests? <input type="checkbox"/> Control valves opened until spring or torsion is felt in the rod? <input type="checkbox"/> Valve supervisory switches indicate movement? <input type="checkbox"/> Low air pressure alarms tested in as per mfg.'s requirements? <input type="checkbox"/> Pre-action/deluge valves (supervised) priming water tested? <input type="checkbox"/> Alarm device, test on dry pipe, pre-action or deluge system using bypass? <input type="checkbox"/> Inspectors test connection opened? (wet pipe when not freezing) <input type="checkbox"/> Bypass connection opened? (wet pipe, dry pipe, pre-action and deluge systems when not freezing) <input type="checkbox"/> Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions? <input type="checkbox"/> Quick opening devices passed test? <input type="checkbox"/> Main drain test shall be conducted on each system riser. Record Static pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Residual pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	<input type="checkbox"/> Are all sprinklers in service dated 1920 or later? <input type="checkbox"/> Fast Response sprinklers in service for less than 20 years <input type="checkbox"/> If "NO" test sample now and every 10 years? <input type="checkbox"/> Record anti-freeze Specific Gravity: _____ <input type="checkbox"/> All control valves operated thru full range and returned to normal? <input type="checkbox"/> Pressure regulating valve shall pass a full flow test. <input type="checkbox"/> Backflow prevention assemblies have been tested by an agency acceptable to the local authority? Date: _____ <input type="checkbox"/> Forward flow test has been conducted. <input type="checkbox"/> Forward Flow Test results are recorded on the backflow test report? <input type="checkbox"/> Standard sprinklers less than 50 years old. If "no" has a sample been tested within 10yrs, If "no" test sample now and every 10yrs. <input type="checkbox"/> Low temperature alarms in dry pipe, pre-action and deluge valve enclosure passed test? <input type="checkbox"/> Main Drain test shall be conducted on each system riser. Record Static pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Residual pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> <input type="checkbox"/> Are results comparable to previous tests?

Special Suppression Systems & Additional Sprinkler System Testing Requirements	
Pre-action and deluge valve full flow trip test: (Note: Except where water cannot be discharged, test all systems simultaneously.)	<input type="checkbox"/> Auto air maintenance devices on dry pipe & pre-action passed test? <input type="checkbox"/> All sprinkler pressure regulating control valves passed full flow test?
<input type="checkbox"/> Water discharge from all nozzles unimpeded? Pressure reading at hydraulically most remote nozzle: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Residual pressure reading at valve: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> <input type="checkbox"/> Was flow observed? <input type="checkbox"/> Are above readings comparable to design values? <input type="checkbox"/> Manual activation devices passed test? <input type="checkbox"/> Automatic air pressure maintenance devices passed test?	Dry-pipe full flow trip test (to be done every 3rd year): <input type="checkbox"/> Was water delivered to inspectors test connection? Initial air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Trip air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Tripping time: _____ Seconds Date of trip test (from records on site) : _____
Dry pipe valve partial flow trip test: Initial air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Trip air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> Tripping time: _____ Seconds	Tests to be done every fifth year: <input type="checkbox"/> Extra High, Very Extra High and Ultra High Temp sprinklers tested? <input type="checkbox"/> Gauges checked against calibrated gauge or replaced? Date of service (from records on site): _____ <input type="checkbox"/> Are above results comparable to previous tests?
<input type="checkbox"/> Are the results comparable to previous test? <input type="checkbox"/> Post indicator valves opened until spring or torsion is felt in rod.	

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2011)

Date:		Address:
Building Name:		
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.		
System Number:		

Sprinkler System Maintenance Items

Regular Maintenance Items	
<input type="checkbox"/> If sprinklers have been replaced, were they proper replacements?	<input type="checkbox"/> Failure to flush yard piping or surrounding public mains following new installation or repairs?
<input type="checkbox"/> Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired?	<input type="checkbox"/> Record of broken mains in the vicinity?
<input type="checkbox"/> Dry-pipe systems being maintained in dry condition?	<input type="checkbox"/> Abnormally frequent false tripping of dry-pipe valves?
If any of the following were discovered, was an obstruction investigation conducted and the system flushed? Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/> System is returned to service after an extended period of non-service?
<input type="checkbox"/> 1. Defective intake screen for pumps taking suction from open sources?	Annual Maintenance Items
<input type="checkbox"/> 2. Obstructive material discharged during water flow tests?	<input type="checkbox"/> Operating stem of all OS&Y valves lubricated, completely closed, and reopened?
<input type="checkbox"/> 3. Foreign materials found in dry-pipe valves, check valves or pumps?	<input type="checkbox"/> Interior of dry-pipe, pre-action and deluge valves cleaned?
<input type="checkbox"/> 4. Heavy discoloration of water during drain test or plugging of inspector's test connection?	<input type="checkbox"/> Low points drained in dry pipe, pre-action & deluge systems prior to freezing weather?
<input type="checkbox"/> 5. Plugging of sprinklers found during activation or alteration?	<input type="checkbox"/> Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no sign of grease buildup?
<input type="checkbox"/> 6. Plugging found in piping dismantled during alterations?	

Remarks/Comments:

Insert Logo Here		Service Company Information (Address, Telephone, & Contact Information)		Building Stand-pipe & Hose Systems Tests			
				Date of Service:		Last Service Date:	
Building Name:		System in service on inspection? YES <input type="checkbox"/> NO <input type="checkbox"/>		Fire Department Connection? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Address:		Control valves locked or supervised? YES <input type="checkbox"/> NO <input type="checkbox"/>		Flow switch installed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
City:		Fire Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>		Jockey Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>			
State/Zip Code:		Pressure regulating device present? YES <input type="checkbox"/> NO <input type="checkbox"/>		Hose nozzles in place? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Contact Person:		Length of hose provided: _____ meters <input type="checkbox"/> feet <input type="checkbox"/>		Hose is: Lined <input type="checkbox"/> Unlined <input type="checkbox"/>			
Phone:		Supply water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>		System water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>			
Fax:		Central Station:		Phone:			
Owner/Strata Number:		Phone:		Fax:			
Fax:		Management Company:		Phone:			
		Fax:					
				System Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III			

Yes	No	General Observation Items:
<input type="checkbox"/>	<input type="checkbox"/>	Is the building fully sprinklered? (NO – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Is the building occupied? (NO – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Has the occupancy classification & hazard of contents remained the same? (YES – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Are all existing fire protection systems in service? (NO – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Have modifications or renovations been done since the last inspection? (YES – See Remarks)
<input type="checkbox"/>	<input type="checkbox"/>	Have any system devices (including alarms) been actuated since the last inspection? (YES – See Remarks)

“√” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable

Inspection Items	
Daily - Weekly	Hose Rack Pressure Reducing Valves:
Enclosures dry-pipe valves maintaining 4C or 40degF?	Hand wheel is not broken or missing?
Check relief port on pressure reducer valves are not leaking?	No leaks are present?
Control valves inspected for condition (“Open” or “Closed” as required).	Piping:
Gauges on dry system (no low pressure alarm)?	Piping undamaged?
Quarterly	Control valves undamaged?
Backflow Prevention Assembly - OS&Y valves are in the normal “Open” position?	Supervisory devices undamaged?
Reduced pressure assembly valves inspected for leaks or corrosion?	No visible obstructions?
Tamper switches inspected (covers secured, leaks or corrosion)?	No missing or damaged pipe support devices?
Gauges to ensure good condition and normal pressure?	Hose Connections/Valves:
Components of standpipe system inspected?	Cap in place and not damaged?
Fire department Siamese connection checked (covers in place & secure)?	Fire hose connection undamaged?
Hose Connection Pressure Reducing Valves:	Valve handles in place?
Hand wheel is not broken or missing?	Cap gaskets in place and in good condition?
Outlet hose threads are undamaged?	Valves not leaking?
No leaks are present?	Restricting orifice in place?
Reducer and cap are not missing?	Manual, semiautomatic, or dry standpipe valve operates smoothly?

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises.

Company Name			
Technician Performing Test		Certification No.	
Date		Technician Signature	

BUILDING LIFE SAFETY SYSTEMS – STAND-PIPE & HOSE ASSEMBLIES – NFPA 25 (2011)

Date: _____	Address: _____
Building Name: _____	
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.	
System Number: _____	

“✓” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable

Inspection Items	
Annually	Hose Storage Devices:
Hoses:	Operates easily?
Free from mildew, cuts and deterioration?	Devices undamaged, unobstructed?
Couplings of compatible threads and undamaged?	Hose properly racked or rolled?
Gaskets in place and in good condition?	Nozzle clips in place and nozzles contained?
Hose(s) connected?	Will racks swing out of the cabinet at least ninety (90) degrees?
Hose hydrostatic test dates are noted on page numbers: _____	Storage Cabinets:
Nozzles:	Glass break device in place?
Nozzles & gaskets in place and in good condition?	Cabinets accessible and identified?
No visible obstructions?	All parts (valves, hoses and fire extinguishers) accessible?
Nozzles operate smoothly?	Adequate heat available to areas where wet pipe is located?
Nozzle is intact with no parts missing?	No visible obstructions?
Full operation of adjustments (such as pattern selection)?	Cabinets have no corroded or damaged parts?
	Cabinets easy to fully open?
	Door glazing in good condition?
	Latches functional (including break-glass type)?

Testing Items	
Quarterly	5 Year
Water flow alarms passed test and provide correct annunciation?	Hose Connection Pressure Reducing Valve passed flow test?
Valve supervisory switches indicate movement?	Hose Rack Assembly Pressure Reducing Valve passed flow test?
Control valves shall be opened until spring or torsion is felt in the rod?	Hydrostatic test at not less than 13.8 bar (200 psi) for 2 hours or at 3.4 bar (50 psi) in excess of maximum pressure?
Jockey pump operational and in good condition?	Flow Test - by flowing the required volume of water at design pressure to the hydraulically most remote hose connection?
Valve supervisory switches tested?	Check-valves internally inspected and all parts operate properly, move freely, and are in good condition?
Annually	Pressure control valve passed test?
Control valves shall be operated through its full range and returned to normal.	Gauges: Tested and Calibrated <input type="checkbox"/> Replaced <input type="checkbox"/>
Main Drain test shall be conducted on each system riser.	
Static pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Residual pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Hose connection pressure reducing valves partial flow test.	
Hose rack assembly pressure reducing valve partial flow test.	
Backflow prevention assembly shall be tested at the design flow.	
Are results comparable to previous tests?	

Maintenance Items	
Annually	Control Valves - OS&Y stems shall be lubricated?
Hose nozzles - open and close and lubricate if necessary.	Hose connections?
Swing out Racks - lubricate and ensure proper operation.	Low points in dry systems drained prior to freezing weather?
Hoses re-racked?	5 Year
Interior of dry pipe valve cleaned?	Check valves internally inspected and operating properly?

Standpipe Hydrostatic and Flow Test Results (to be completed every five years)			
Date of last hydro-test: _____		Date of last flow test: _____	
Start Time: _____	End Time: _____	Start Time: _____	End Time: _____
Initial Test Pressure: _____ Bar (PSI)		Static Pressure: _____ Bar (PSI)	
End Test Pressure: _____ Bar (PSI)		Residual Pressure: _____ Bar (PSI)	
		Pitot Pressure: _____ Bar (PSI)	
		Nozzle Diameter: _____ cm <input type="checkbox"/> inches <input type="checkbox"/>	
		Flow Rate: _____ liters/min <input type="checkbox"/> gallons/min <input type="checkbox"/>	
Notes:			
1. Flow tests are to be conducted from the hydraulically most remote standpipe outlet.			
2. For Class I or III systems, the minimum flow should be 1893 liters/min (500 gallons/min) at a residual pressure of 6.9 bar (100 psi)			
3. For Class II systems, the minimum flow should be 379 liters/min (100 gallons/min) at a residual pressure of 4.5 bar (65 psi)			

BUILDING LIFE SAFETY SYSTEMS – STAND-PIPE & HOSE ASSEMBLIES – NFPA 25 (2011)

Date:	
Building Name:	Address:
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.	
System Number:	

Comments/Remarks:

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<h2 style="margin: 0;">Extinguisher/Fire Hose Unit Tests</h2>						
<table style="width:100%; border: none;"> <tr> <td style="width: 50%; border: none;">Date of Service:</td> <td style="width: 50%; border: none;">Last Service Date:</td> </tr> <tr> <td style="border: none; text-align: center;"> Monthly <input type="checkbox"/> </td> <td style="border: none; text-align: center;"> Annual <input type="checkbox"/> </td> </tr> <tr> <td colspan="2" style="border: none; text-align: right;"> Special Inspection <input type="checkbox"/> </td> </tr> </table>		Date of Service:	Last Service Date:	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	Special Inspection <input type="checkbox"/>	
Date of Service:	Last Service Date:						
Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>						
Special Inspection <input type="checkbox"/>							
Building Name:	Contact Person:	Phone:					
Address:	Owner/Strata Number:	Fax:					
City:	State:	Zip Code:					

Column Legend		
Mfg. Date	Date of Manufacture (year only)	Major Service Performed
Svc Date	Last Major Service Date (year only)	R Recharge
		M Internal Maintenance
		H Hydrostatic Test

“✓” = **Yes** - Acceptable “X” = **No** - Not Acceptable (Explain “NO” answers in comments).

EXTINGUISHERS/HOSES							
LOCATION	SIZE / TYPE	SERIAL #	Mfg. Date	Svc Date	R M H	✓	REMARKS

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". A copy should be maintained on the premises.

Company Name			
Technician Performing Test	Certification No.	Date	Technician Signature

<h2 style="margin: 0;">Building Fire Pump Tests (NFPA-25)</h2>													
Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Date of Service:</td> <td colspan="2">Last Service Date:</td> </tr> <tr> <td style="text-align: center;">Daily <input type="checkbox"/></td> <td style="text-align: center;">Weekly <input type="checkbox"/></td> <td style="text-align: center;">Monthly <input type="checkbox"/></td> <td style="text-align: center;">Quarterly <input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">Semiannual <input type="checkbox"/></td> <td style="text-align: center;">Annual <input type="checkbox"/></td> <td style="text-align: center;">Third Year <input type="checkbox"/></td> <td style="text-align: center;">Fifth Year <input type="checkbox"/></td> </tr> </table>	Date of Service:		Last Service Date:		Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>
Date of Service:		Last Service Date:											
Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>										
Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>										
Building Name:	Contact Person:	Phone:											
Address:	Owner/Strata Number:	Fax:											
City:	State/Zip:	Central Station:											
		Phone:											
		Fax:											

NAME PLATE INFORMATION:			
PUMP	MOTIVATOR		
Make: _____	Type: Diesel <input type="checkbox"/>	Electric <input type="checkbox"/>	Other: _____
Model: _____	Make: _____	Serial Number: _____	
Serial Number: _____	Model: _____	Size: _____	HP
Capacity @ 100%: _____	GPM <input type="checkbox"/>	LPM <input type="checkbox"/>	Full Load Current: _____
Rated Head @ 100%: _____	PSIG <input type="checkbox"/>	KPAG <input type="checkbox"/>	Amps
Capacity @ 150%: _____	GPM <input type="checkbox"/>	LPM <input type="checkbox"/>	Rated Speed: _____
Rated Head @ 150%: _____	PSIG <input type="checkbox"/>	KPAG <input type="checkbox"/>	RPM
Shut-off Head: _____	PSIG <input type="checkbox"/>	KPAG <input type="checkbox"/>	
Supply Pressure: _____	PSIG <input type="checkbox"/>	KPAG <input type="checkbox"/>	
	No. of Cylinders: _____	CONTROLLER	
		Make: _____	Serial Number: _____
		Model: _____	Transfer Switch? Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: The pump manufacturer may specify additional testing requirements. The printed maintenance and testing guide must be followed.
 "✓" = Yes - Tested correctly "X" = No - Did not test correctly (NO answers are detailed in "Comments/Remarks") "NA" = Not applicable

FIRE PUMP INSPECTION ITEMS	
WEEKLY INSPECTION ITEMS	
Fire Pump Room/Enclosure	<input type="checkbox"/> Battery terminals clean, tight and free from corrosion <input type="checkbox"/> All alarm & trouble indicators are off (activate visual lamp test function)
<input type="checkbox"/> Heated to maintain temperature above 4C / 40deg <input type="checkbox"/> Suction and discharge pressure gauges free from damage <input type="checkbox"/> Ventilation louvers are unobstructed and free to operate	Exhaust System
System Piping and Valve Condition	<input type="checkbox"/> Inspected for leakage <input type="checkbox"/> Condensation trap drained
<input type="checkbox"/> Pump suction, discharge and bypass valves in normal position <input type="checkbox"/> Inspect associated piping for leaks <input type="checkbox"/> Suction line pressure normal? _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> <input type="checkbox"/> System line pressure normal? _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/> <input type="checkbox"/> Suction reservoir full? <input type="checkbox"/> Wet pit suction screens are unobstructed and properly installed	Electrical System Conditions
Diesel Engine Condition Inspection	<input type="checkbox"/> Controller power light on <input type="checkbox"/> Transfer switch normal, pilot light illuminated <input type="checkbox"/> Isolating switch closed - standby (emergency) source <input type="checkbox"/> Reverse phase alarm pilot light off? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> Normal phase rotation pilot lamp on? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> Oil level is normal (check sight glass) Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> <input type="checkbox"/> Condition of oil in sight glass? Clean <input type="checkbox"/> Cloudy <input type="checkbox"/> Dirty <input type="checkbox"/> <input type="checkbox"/> Visual lamp test successful?
<input type="checkbox"/> Fuel level is not less than 70% of full capacity <input type="checkbox"/> Controller selector switch is in "auto" position <input type="checkbox"/> Batteries (2) voltage readings are normal <input type="checkbox"/> Batteries (2) charging current is normal <input type="checkbox"/> Batteries (2) status indicator lamps are normal <input type="checkbox"/> Electrolyte level in batteries is normal <input type="checkbox"/> Engine hour clock reading: _____ hours <input type="checkbox"/> Oil level in right angle gear drive is normal <input type="checkbox"/> Crankcase oil level is normal <input type="checkbox"/> Condition of oil? Clean <input type="checkbox"/> Cloudy <input type="checkbox"/> Dirty <input type="checkbox"/> <input type="checkbox"/> Cooling water level is normal <input type="checkbox"/> Water-jacket/engine block heater is operating	ANNUAL INSPECTION ITEMS
	<input type="checkbox"/> Check pump shaft end-play? <input type="checkbox"/> Check accuracy of pressure gauges and sensors? <input type="checkbox"/> Check pump coupling alignment? <input type="checkbox"/> Inspect emergency manual starting means (without power)? <input type="checkbox"/> Tighten electrical connection as required? <input type="checkbox"/> Inspect mechanical moving parts for lubrication (not starters/relays) <input type="checkbox"/> Inspect calibrated pressure switch settings? <input type="checkbox"/> Inspect duct work for combustion air? <input type="checkbox"/> Inspect exhaust hangers and supports?
The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". A copy should be maintained on the premises.	

Company Name			
Technician Performing Test	Certification No.	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – FIRE PUMP TESTING – NFPA 25 (2011)

Date:		Address:	
Building Name:			

“✓” = **Yes - Tested correctly** “X” = **No - Did not test correctly (NO answers are detailed in “Comments/Remarks”)** “NA” = **Not applicable**

**FIRE PUMP TESTING ITEMS
WEEKLY ACTION ITEMS**

<p>Piping & Associated Equipment</p> <p>Pump operated without flowing water: 10 minutes <input type="checkbox"/> 30 minutes <input type="checkbox"/></p> <p>Packing gland checked. Minor leak at no flow? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Suction pressure at gauge: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p> <p>Discharge pressure at gauge : _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p> <p>Packing gland adjusted as required? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Checked for unusual noise or vibration? _____</p> <p>Check packing boxes, bearings or pump casing for overheating? _____</p> <p>Record pump start pressure : _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p>	<p>Diesel Engine Driven Pump Test</p> <p>Pump run for thirty (30) minutes</p> <p>Oil Pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p> <p>Oil Temperature: _____ C <input type="checkbox"/> F <input type="checkbox"/></p> <p>Engine Speed: _____ RPM</p> <p>Water Temperature: _____ C <input type="checkbox"/> F <input type="checkbox"/></p> <p>Record time for diesel engine to crank: _____ seconds</p> <p>Time for engine to normal run speed: _____ seconds</p> <p>Heat exchanger checked for cooling water flow? _____</p> <p>Is the controller performing run tests automatically? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Test log reviewed via visual display at controller? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date last automatic test logged? _____</p>
<p>Electrically Driven Pump Test</p> <p>Pump run for ten (10) minutes</p> <p>Time for motor to accelerate to full speed: _____ seconds</p> <p>For reduced voltage or reduced current starting, record time controller is on first step: _____ seconds</p> <p>Record automatic stop time: _____ minutes</p>	

FIRE PUMP TESTING ITEMS

<p>Monthly testing</p> <p>Exercise isolating switch & circuit breaker for proper operation? _____</p> <p>Test circuit breakers and fuses for proper operation? _____</p> <p>Test batteries for specific gravity and state of charge? _____</p>	<p>Semiannual</p> <p>Operate manual starting means (electrical) _____</p> <p>Operation of safety devices and alarms? _____</p> <p>Check concentration of antifreeze? _____</p>
<p>Steam Systems Testing Procedure</p> <p>Steam pressure gauge reading: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/></p> <p>Time for turbine to reach operating speed: _____ seconds</p>	<p>Annual</p> <p>Operate emergency starting means (without power) _____</p> <p>Trip circuit breaker if provided? _____</p> <p>Diesel tanks and overflow piping unobstructed? _____</p> <p>Test exhaust for excessive back pressure? _____</p>

Comments/Notations: