



# Fire Alarm Quarterly Inspection

Facility:

Lead Inspector: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

## **SERVICE ORGANIZATION**

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

License No: \_\_\_\_\_ Phone: \_\_\_\_\_

Qualification of Lead Inspector:  Factory Trained  NICET certified  IMSA Certified  State Certified

Local Certified  Trained Staff of firm Listed by National Test Lab  Other

(Attach Credentials of all on-site inspectors); § 7-1.2.2

## **FIRE ALARM INITIATING DEVICE VISUAL INSPECTION**

### **1. Radiant Energy Fire Detectors:** Inspect for items listed below NA - None in Bldg NFPA 72-2010, Table 14.3.1(9)(g)

Location	ID #	Any Obstruction?	Any Damage?	Lens Free of Dust?	Directed toward hazard?	Describe Failures
		<input type="checkbox"/> OK <input type="checkbox"/> Fail				
		<input type="checkbox"/> OK <input type="checkbox"/> Fail				
		<input type="checkbox"/> OK <input type="checkbox"/> Fail				

### **2. Supervisory Devices:** (All, except valve tamper switches) Visually check for items below NFPA 72-2010, Table 14.3.1(9)(i)

Location	ID #	No Obstruction?	Any Damage?	Describe Failures
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	

### **3. Waterflow Devices:** Visually check for items listed below NFPA 72-2010, Table 14.3.1(9)(j)

Location	ID #	No Obstruction?	Any Damage?	Describe Failures
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	



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## FIRE ALARM BATTERY TESTS

**1. Nickel-Cadium Battery:** Charger Test - With the batteries fully charged and connected to the charger, an ampere meter shall be placed in series with the battery under charge. The charging current shall be in accordance with the manufacturer's recommendations for the type of battery used. In the absence of specific information, 1/30 to 1/25 of the battery rating shall be used.

NFPA 72-2010, Table 14.4.5(5)(b)(1)

**2. Sealed Lead-Acid Battery:** Charger Test - With the batteries fully charged and connected to the charger, the voltage across the batteries shall be measured with a voltmeter. The voltage shall be 2.30 volts per cell ±0.02 volts at 77°C (25°C) or as specified by the equipment manufacturer.

NFPA 72-2010, Table 14.4.5(5)(c)(1)

Type Battery	Location	Panel	Fully Charged & Charger Connected?	Mfr Recom. Charging Reading	Actual Charging Current Reading	Charging Volt Reading	Describe Failures
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				
<input type="checkbox"/> Ni-C <input type="checkbox"/> Seal L-A			Y N				

## FIRE ALARM SUPERVISORY DEVICE TESTS

**1. Hi/Low Pressure Supervisory**  NA - None in Bldg (normally in dry pipe or preaction sys) - Switch shall be operated. Receipt of signal obtained where the required pressure is increased or decreased a maximum 10 psi (70 kPa) from the required pressure level shall be verified.

NFPA 72-2010, Table 14.4.5(15)(l)(2)

Location	ID#	System	Type Device	Normal Pressure	Pressure that Signal Sounded	Result
			<input type="checkbox"/> Hi <input type="checkbox"/> L			<input type="checkbox"/> OK <input type="checkbox"/> Fail
			<input type="checkbox"/> Hi <input type="checkbox"/> L			<input type="checkbox"/> OK <input type="checkbox"/> Fail
			<input type="checkbox"/> Hi <input type="checkbox"/> L			<input type="checkbox"/> OK <input type="checkbox"/> Fail
			<input type="checkbox"/> Hi <input type="checkbox"/> L			<input type="checkbox"/> OK <input type="checkbox"/> Fail

**2. Water Tank Water Level**  NA - None at Facility - Switch shall be operated. Receipt of signal indicating the water level raised or lowered a maximum 3 in. (70 mm) from the required level within a pressure tank, or a maximum 12 in. (300 mm) from the required level of a nonpressure tank, shall be verified, as shall its restoral to required level.

NFPA 72-2010, Table 14.4.5(15)(l)(3)

Test	Location	ID#	Signal Received	Restored to Normal	Describe Failures
<b>Hi Water Test</b>			<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
<b>Low Water Test</b>			<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	



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**3. Water Tank Water Temperature**  NA - None at Facility - Switch shall be operated. Receipt of signal to indicate the decrease in water temperature to 40°F (4.4°C) and its restoration to above 40°F (4.4°C) shall be verified. NFPA 72-2010, Table 14.4.5(15)(I)(4)

Test	Location	ID#	Signal Received below 40°F	Signal Restored above 40°F	Describe Failures
<b>Low Water Temp</b>			<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	

**4. Room Temperature Supervisory**  NA - None at Facility- Switch shall be operated. Receipt of signal to indicate the decrease in room temperature to 40°F (4.4°C) and its restoration to above 40°F (4.4°C) shall be verified. NFPA 72-2010, Table 14.4.5(15)(I)(5)

Test	Location	ID#	Signal Received below 40°F	Signal Restored above 40°F	Describe Failures
<b>Low Temp</b>			<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
<b>Low Temp</b>			<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
<b>Low Temp</b>			<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	

**5. Suppression Sys Initiating Supervisory** NFPA 72-2010, Table 14.4.5(15)(I)(6)

Suppression Sys	Location	ID#	Signal Received when Sys Initiated	Describe Failures
			<input type="checkbox"/> OK <input type="checkbox"/> Fail	
			<input type="checkbox"/> OK <input type="checkbox"/> Fail	
			<input type="checkbox"/> OK <input type="checkbox"/> Fail	

**5. Fire Pump Initiating Supervisory** NFPA 72-2010, Table 14.4.5(15)(I)(6)

Fire Pump	Location	ID#	Signal Received when Pump Starts	Describe Failures
			<input type="checkbox"/> OK <input type="checkbox"/> Fail	
			<input type="checkbox"/> OK <input type="checkbox"/> Fail	
			<input type="checkbox"/> OK <input type="checkbox"/> Fail	



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## CARBON MONOXIDE DETECTOR VISUAL INSPECTIONS

**1. Initiating Supervisory Devices :**  NA - No CO sys in bldg, only battery standalone - Inspect per manufacturer's instructions NFPA 720-2012, Table 8.3.1, 9(e)

Location	ID #	No Obstruction?	Any Damage?	Describe Failures
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	
		<input type="checkbox"/> OK <input type="checkbox"/> Fail	<input type="checkbox"/> OK <input type="checkbox"/> Fail	

## CARBON MONOXIDE DETECTOR TESTING

**1. Carbon Monoxide Control Equipment :**  NA - No CO sys in bldg, only battery standalone Test if the CO system is not connected to a supervised fire alarm system, including all functions, fuses, interfaced equipment, lamps & LEDs, primary power supply, and transponders. Follow manufacture's instructions. NFPA 720-2012, Table 8.4.3, (2)

Location	ID #			Describe Failures

### THESE INSPECTIONS & TESTS WERE PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

**Name of Inspector**

\_\_\_\_\_

Date

Time

Signature

\_\_\_\_\_

\_\_\_\_\_

**Name of Owner or Representative**

\_\_\_\_\_

Date

Time

Signature

\_\_\_\_\_

\_\_\_\_\_