

**OFFICE OF CODE
ENFORCEMENT**

Village of Sag Harbor
55 Main St., PO Box 660
Sag Harbor, N.Y. 11963
631-725-2804
631-725-4852 fax

FIRE ALARM INSPECTION AND TESTING FORM

SERVICE COMPANY	
NAME	_____
ADDRESS	_____
CITY/STATE/ZIP	_____
REPRESENTATIVE	_____
LICENSE NO.	_____
TELEPHONE	_____
MONITORING COMPANY	
NAME	_____
TELEPHONE	_____
ACCOUNT NO.	_____

CUSTOMER	
NAME	_____
ADDRESS	_____
OWNER CONTACT	_____
TELEPHONE	_____
TODAY'S DATE	_____
START TIME	_____
CONTROL UNIT	
MANUFACTURER	_____
MODEL	_____
LAST SERVICE DATE	_____

DEVICE AND CIRCUIT INFORMATION		
QUANTITY	CLASS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	MANUAL FIRE ALARM BOXES
_____	<input type="checkbox"/> A <input type="checkbox"/> B	ION DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	PHOTO DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	DUCT DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	HEAT DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	WATERFLOW SWITCHES
_____	<input type="checkbox"/> A <input type="checkbox"/> B	BELLS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	HORNS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	STROBES
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPEAKERS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPRINKLER VALVE SUPERVISORY
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPRINKLER TAMPER SUPERVISORY
_____	<input type="checkbox"/> A <input type="checkbox"/> B	BUILDING TEMPERATURE SUPERVISORY

OVER ▶

SYSTEM POWER SUPPLY	
DEDICATED CIRCUIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PANELBOARD AND CIRCUIT DESIGNATION	_____
CIRCUIT NUMBER IS LABELED ON FIRE ALARM CONTROL UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCONNECTING MEANS IS SECURED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCONNECTING MEANS IS CLEARLY LABELED	<input type="checkbox"/> YES <input type="checkbox"/> NO

BATTERIES	
DATE OF BATTERY INSTALLATION OR "UNKNOWN"	DATE: _____
CHARGER TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
LOAD VOLTAGE	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
DISCHARGE TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
BATTERY CONDITION	<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTIBLE

SYSTEM TESTS AND INSPECTIONS

NOTIFICATIONS ARE MADE PRIOR TO ANY TESTING			
MONITORING ENTITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	
BUILDING OCCUPANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	
BUILDING MANAGEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	
FIRE MARSHAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	

DEVICE	TEST TYPE	COMMENTS
CONTROL UNIT	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
LAMPS/LEDs	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
TROUBLE SIGNALS	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
AUDIBLE NOTIFICATION DEVICES	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
VISIBLE NOTIFICATION DEVICES	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
TELEPHONE LINE(s)	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

DEVICE LOCATION	DEVICE TYPE	TEST TYPE	RESULTS
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

HAVE ANY DEVICES BEEN ADDED OR REMOVED SINCE THE LAST INSPECTION? YES NO
 IS THE FIRE ALARM CONTROL UNIT PROTECTED BY A SMOKE DETECTOR? YES NO
 WAS THE TRANSMISSION OF ALARM EVENTS TO THE MONITORING ENTITY CONFIRMED? YES NO

HAVE THE FOLLOWING BEEN NOTIFIED THAT TESTING IS COMPLETE?

MONITORING AGENCY	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING OCCUPANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO
BUILDING MANAGEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO
FIRE MARSHAL	<input type="checkbox"/> YES <input type="checkbox"/> NO

IS THE SYSTEM FUNCTIONING NORMALLY? YES NO
 IS THE SYSTEM MONITORED? YES NO

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH NFPA 72	
NAME OF INSPECTING TECHNICIAN _____ TECHNICIAN'S SIGNATURE _____	NAME OF OWNER OR REPRESENTATIVE _____ OWNER OR REPRESENTATIVE SIGNATURE _____
DATE: _____ TIME: _____	DATE: _____ TIME: _____

ATTACH CENTRAL STATION'S LOG OF THE TEST TO THIS REPORT AND RETURN TO:
 SAG HARBOR VILLAGE CODE ENFORCEMENT, PO BOX 660, SAG HARBOR, NY 11963
 TEL 631-725-2804 FAX 631-725-4852