SYSTEM RECORD OF INSPECTION AND TESTING

This form is to be completed by the system inspection and testing contractor at the time of a system test. It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

Attach additional sheets, data, or calculations as necessary to provide a complete record.

Inspection/ lest Start Date/ H	me: Inspect	Inspection/Test Completion Date/Time:		
	Supplemental Form(s) Attache	d: (yes/no)		
. PROPERTY INFORMATION	ON			
Name of property:				
Address:				
Description of property:				
Name of property represent	ative:			
Address:				
		E-mail:		
TESTING AND MONITOR	RING INFORMATION			
Testing organization:				
Address:				
Phone:	Fax:	E-mail:		
Monitoring organization:				
Address:				
Phone:	Fax:	E-mail:		
Account number:	Phone line 1:	Phone line 2:		
Means of transmission:				
Means of transmission:				
Means of transmission: Entity to which alarms are n	retransmitted:	Phone:		
Means of transmission: Entity to which alarms are noted to be a compared to the control of the requirement of the require	retransmitted:ed record documents and site-speci	Phone:		
Means of transmission: Entity to which alarms are n DOCUMENTATION Onsite location of the require	retransmitted:ed record documents and site-speci	Phone:		
Means of transmission: Entity to which alarms are noted to be a property of the description of the requirement of the property of the pr	retransmitted:red record documents and site-speci	Phone:		
Means of transmission: Entity to which alarms are n DOCUMENTATION Onsite location of the requir DESCRIPTION OF SYSTE 4.1 Control Unit Manufacturer:	retransmitted:red record documents and site-speci	Phone: fic software:		
Means of transmission: Entity to which alarms are not complete to which alarms are not considered by the control of the requiration of the r	retransmitted:ed record documents and site-speci EM OR SERVICE Model number: _	Phone: fic software:		
Means of transmission: Entity to which alarms are not complete to which alarms are not considered to the requirement of t	retransmitted:ed record documents and site-speci EM OR SERVICE Model number: _	Phone: fic software: BAR CODE		
Means of transmission: Entity to which alarms are not be compared to the desired to the requirement of	retransmitted:ed record documents and site-speciem OR SERVICE Model number: _	Phone: fic software: BAR CODE		
Means of transmission: Entity to which alarms are not be alarms are not be alarms. DOCUMENTATION Onsite location of the required bescription of SYSTI 4.1 Control Unit Manufacturer: 4.2 Software Firmware Firmware revision number: 4.3 System Power 4.3.1 Primary (Main) Power	retransmitted: red record documents and site-speci EM OR SERVICE Model number:	Phone: fic software: BAR CODE		

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Table

SYSTEM RECORD OF INSPECTION AND TESTING (continued) 4. DESCRIPTION OF SYSTEM OR SERVICE (continued) 4.3.2 Secondary Power Type: ___ Battery type (if applicable): _____ Calculated capacity of batteries to drive the system: In standby mode (hours):___ In alarm mode (minutes): ____ 5. NOTIFICATIONS MADE PRIOR TO TESTING Monitoring organization Contact: Building management Time: _____ Contact: Time:___ Contact:_____ **Building occupants** Authority having jurisdiction Time: Other, if required Contact:_____ Time:___ 6. TESTING RESULTS 6.1 Control Unit and Related Equipment Visual **Functional Description** Inspection Test **Comments** Control unit Lamps/LEDs/LCDs Fuses Trouble signals Disconnect switches Ground-fault monitoring Supervision Local annunciator Remote annunciators Remote power panels 6.2 Secondary Power Visual **Functional Description** Inspection Comments Test **Battery condition** Load voltage Discharge test Charger test Remote panel batteries

Continued

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SYSTEM RECORD OF INSPECTION AND TESTING (continued)

6. TESTING RESULTS (continued)

6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface

6.6 Supervising Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	٠	٠		
Alarm restoration	٠	٥		
Trouble signal	٠	٠		
Trouble restoration	O	ū		
Supervisory signal	٠	٠		
Supervisory restoration	٠	٥		

6.7 Public Emergency Alarm Reporting System

Description	Yes	No	Time	Comments
Alarm signal	٠			
Alarm restoration	٠	٠		
Trouble signal	٠	٠		
Trouble restoration	۰	٠		
Supervisory signal	٠	٠		
Supervisory restoration	٥	٦		

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NOTIFICATIONS THAT TESTIN	G IS COMPLETE	
Monitoring organization	Contact:	Time:
Building management	Contact:	Time:
Building occupants	Contact:	Time:
Authority having jurisdiction	Contact:	Time:
Other, if required	Contact:	Time:
SYSTEM RESTORED TO NORI	MAL OPERATION	
Date:	Time:	
CERTIFICATION		
This system as specified herein ha	s been inspected and tested according to NFPA 72,_	edition, Chapter 14.
Signed:	Printed name:	Date:
Organization:		
Qualifications (refer to 10.5.3):		
DEFECTS OR MALFUNCTION: TESTING, OR MAINTENANCE	S NOT CORRECTED AT CONCLUSION OF SYS	STEM INSPECTION,
		STEM INSPECTION,
TESTING, OR MAINTENANCE		STEM INSPECTION,
TESTING, OR MAINTENANCE		STEM INSPECTION,
TESTING, OR MAINTENANCE	Owner's Representative: a report for the system as specified herein:	Date:

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NOTIFICATION APPLIANCE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.

It includes a notification appliance test record.

This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

Insert N/A in all unused lines.

	Inspection/Test Completion	
Numb	er of Supplemental Pages Attached:	
PROPERTY INFORMATION		
Name of property:		
Address:		
address:		
NOTIFICATION APPLIANCE TEST F	RESULTS	
Appliance Type	Location/Identifier	Test Results
		9
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NOTIFICATION APPLIANCE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)

2. NOTIFICATION APPLIANCE TEST RESULTS (continued)

Appliance Type	Location/Identifier	Test Results
	3	0
		0
	9	
		0
	- 1	40
	2	.:
	1	
	,	8
		.,

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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Continued

INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

This form is a supplement to the System Record of Inspection and Testing.

It includes an initiating device test record.

This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.

It shall be permitted to modify this form as needed to provide a more complete and/or clear record.

		all unused lines.	
Inspection/Test Start Date/	Гіте:	Inspection/Test Completion Date/Tim	e:
	Number of Supplementa	l Pages Attached:	
PROPERTY INFORMATI			
Name of property:			
Address:			
NITIATING DEVICE TES	T DECINTO		
Ť	- F		Ī
Device Type	Address	Location	Test Results
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INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)

2. INITIATING DEVICE TEST RESULTS (continued)

Device Type	Address	Location	Test Results
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See main System Record of Inspection and Testing for additional information, certifications, and approvals.

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