SUBMIT

PORTLAND FIRE & RESCUE

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Fire Alarm System - Testing and Maintenance Report

Reports of fire alarm testing and maintenance must be kept on site for a minimum of three years.

All parts of the *Owner Section* **MUST** be completed. It is the owner's responsibility to provide all required information to the service provider prior to the service/testing. The owner's representative is also required to review all deficiencies found by the service provider upon completion of the service or testing.

A. OWNER SECTION

If additional space is needed for business names or suite numbers, please submit a separate list with this form.

BUILDING/PROPERTY INFORMATION

Name of Complex/Facility/Property: _____

All Occupying Business Names: _____

_____

Street Address: _____ All Suite Numbers: _____

City: _____ State: _____ Zip: _____

Property Contact Person(s): _____

Title: _____ Authority to Approve Work: ☐ Yes ☐ No ☐ N/A

Office Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____ Fax: (____) _____ - _____

BUILDING OWNER/RESPONSIBLE PARTY CONTACT INFORMATION

Owner/Property Management Firm: _____

Street Address: _____ Suite Number(s): _____

City: _____ State: _____ Zip: _____

Responsible Contact: _____ Title: _____

Office Phone: (____) _____ - _____ Mobile Phone: (____) _____ - _____ Fax: (____) _____ - _____

MONITORING AGENCY INFORMATION

Name of Monitoring Agency: _____ Phone: (_____) _____-_____

Contract Number: _____ Is Monitoring Agency Listed/Approved Central Station: ☐ Yes ☐ No

UL or FM Central Certification Number: _____

Monitoring Agency has Current Building Owner/Responsible Party Contact Information? ☐ Yes ☐ No

Date Contact Information Last Verified:_____

	Y	N	N/A
1. Were all deficiencies reported at the last inspection corrected?	☐	☐	☐
2. Was the owner(s) representative on site during the entirety of the alarm test?	☐	☐	☐
3. Are the tenants, occupancy types and hazards the same as reported on the last inspection?	☐	☐	☐
4. Were any walls or partitions added or removed since the last inspection?	☐	☐	☐

If any of the above questions were answered "no", please provide details of the conditions found and resulting actions taken:

The alarm system owner (building/business owner) is responsible to maintain the alarms in working order. If the alarm system is out of service, an impairment coordinator must be named, and fire watch initiated. For impairments lasting longer than four hours, the Fire Marshal's Office must be notified.

B. SERVICE PROVIDER SECTION

Inspecting Firm (Contractor): _____ Endorsement Number: _____

Date of This Inspection: _____ Start Time of This Test: _____

List ALL Inspector(s) Present During This Test: _____

Date of Last Inspection: _____ Prior Inspector's Name(s): _____

Service Type: ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Semiannually ☐ Annually ☐ Other: _____

Does Inspection Firm Conducting this Inspection Provide Runner Service? ☐ Yes ☐ No

If yes, please check signals runner service is provided for: ☐ Alarm ☐ Supervisory ☐ Trouble Signals

NOTIFICATIONS MADE PRIOR TO ANY TESTING

			Time	Who Was Notified (Names)
* Monitoring Agency			_____	_____
* Building Management			_____	_____
Building Occupants			_____	_____
Other (Specify) _____			_____	_____
*AHJ Notified of Any Pre-Existing Impairments	☐ Yes	☐ No	_____	_____

(*ALL FIELDS MUST BE COMPLETED)

SYSTEM & TESTING INFORMATION

Fire Alarm System Performance Inspecting Agency Provides (check type, see NFPA 72, Table A.8.1, 2007 Edition):

☐ Protected Premises ☐ Central Station Service ☐ Remote Supervising Station ☐ Proprietary Supervising Station

Please Answer ALL of the following questions

(If any answers are "No", please provide details of conditions found and resulting actions taken in the comments field)	Y	N	N/A
Were the "Certificate of Completion" and "Record Drawings" identifying floor plan, device locations, etc. available prior to inspection?	☐	☐	☐
Have all modifications made to the system since the last inspection been reviewed and documented in the Certificate of Completion on file?	☐	☐	☐
Does this report include the testing of ALL interconnected devices located on this property? (i.e. duct detectors, elevator recall functions, door interlocks, smoke control systems, etc.)	☐	☐	☐
Are spare keys to pull stations available? If yes, where: _____	☐	☐	☐
Is the door to the room identified with a "FIRE ALARM CONTROL PANEL" sign?	☐	☐	☐
Are proper dedicated circuit(s) provided with circuit breaker lock(s) at the electrical panel?	☐	☐	☐
Was the smoke entry into the sensing chamber of all smoke detectors verified (72-07, 10.4.2.2)?	☐	☐	☐
Are smoke detector sensitivity testing records available and maintained using a proper testing schedule (72-07, 10.4.2.)?	☐	☐	☐
If sensitivity testing is required based on incomplete records or testing schedule, was it completed during this service?	☐	☐	☐
Comments:			

PROPERTY FIRE ALARM SYSTEM INFORMATION

On-Site Location of Previous Test Reports: _____

Location of Record Drawings: _____

On-Site Location of Operation, Instruction and Maintenance Manuals: _____

Location of Main Fire Alarm Control Panel: _____

MAIN FIRE ALARM CONTROL PANEL (FACP)

FACP Manufacturer: _____

Model Number: _____

Circuits or Addressable Points In Use: _____

Circuit Styles Installed : _____

Software Version: _____ Firmware Version: _____

Date Revised Software: _____ Firmware:_____

TRANSMISSION TYPE

- ☐ McCulloh
- ☐ Multiplex
- ☐ Digital
- ☐ Reverse Priority
- ☐ RF
- ☐ Other (Specify) _____

Person AND Agency who Developed Last Software Revision: _____

Monitoring Agency Receives Proper Annunciation of Alarm, Supervisory and Trouble Signals: ☐ Yes ☐ No

Monitoring Agency Receives Correct Property Street Address and Zone Annunciation(s): ☐ Yes ☐ No

Does System have Emergency Voice Communication System? ☐ Yes ☐ No

Type	Visual	Functional	Comments
Control Unit(s)	☐	☐	_____
Interface Equipment	☐	☐	_____
Lamps/LEDS	☐	☐	_____
Fuses	☐	☐	_____
Primary Power Supply	☐	☐	_____
Trouble Signals	☐	☐	_____
Disconnect Switches	☐	☐	_____
Ground-Fault Monitoring		☐	_____

POWER SUPPLY

A. Primary Main Power Nominal Voltage: _____ Amps: _____

Overcurrent Protection: Type: _____ Amps: _____

Location (of Primary Supply Panel Board, Panel & Circuit Number): _____

Disconnecting Means Location: _____

B. Secondary Standby

Duration of Full Alarm System Operation on Emergency Power During This Test: _____ minutes

Batteries

	System Demand Design			
Battery Type(s) (*Semiannually **Monthly)	Amp Draw in Standby	Amp Draw in Alarm	Amp Hour Available	Test Description
☐ Nickel-Cadmium*				
☐ Sealed Lead-Acid*				
☐ Dry Cell**				
☐ Lead-Acid**				
☐ Other - Specify				

Date Batteries Manufactured & Expire: _____ & _____

Manufacture Date Stamped on Batteries: ☐ Yes ☐ No

Batteries Free of Corrosion/Leakage: ☐ Yes ☐ No

Load Test Satisfactory: ☐ Yes ☐ No

Number of Batteries On-Site: _____

Load Voltage Test: ☐ Yes ☐ No

Discharge Test: ☐ Yes ☐ No

Charger Test: ☐ Yes ☐ No

Specific Gravity: ☐ Yes ☐ No _____

Were ALL Batteries Inspected/Tested: ☐ Yes ☐ No

Engine Driven Generator

Engine-driven generator dedicated to fire alarm system (describe): _____

Location of Fuel Storage: _____ Quantity: _____ ☐ Gallons ☐ Pounds

Was the generator tested in accordance with NFPA 110? ☐ Yes ☐ No If yes, please provide report.

C. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

☐ Emergency system described in NFPA 70, Article 700.

☐ Legally required standby described in NFPA 70, Article 701.

☐ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

ALARM NOTIFICATION DEVICES & CIRCUITS

Number of Circuits in Use: _____ Style/Class: _____ Are All Circuits Monitored for Integrity: ☐ Yes ☐ No

			Satisfactory		
Type	# Installed	# Tested	Yes	No	Deficiencies Noted
Chimes			☐	☐	
Electric Bells			☐	☐	
Electric Horns			☐	☐	
Combination Horn/Strobe			☐	☐	
Strobes			☐	☐	
Speakers (incl. voice evac.)			☐	☐	
Other (Specify)			☐	☐	

(a) Do all devices produce a sound exceeding the prevailing equivalent sound level by 15 decibels, or exceed any maximum sound level with a duration of 30 seconds by 5 decibels minimum; whichever is louder? ☐ Yes ☐ No

(b) Do any sound levels exceed the 110 decibel maximum? ☐ Yes ☐ No

If Yes, where? _____

(c) What type of device was used to measure sound level? _____

(d) Were walls/partitions modified since prior test to affect notification distribution? ☐ Yes ☐ No

If Yes, where? _____

(e) Are voice notification devices used? ☐ Yes ☐ No

If Yes, describe procedure used for audible clarity? _____

ALARM INITIATING DEVICES

Manual Pull Stations

Number Installed: _____ Number Tested:_____ Circuit Style/Class:_____

Additional Remarks: _____

	Satisfactory		
	Yes	No	Deficiencies Noted
Proper Annunciation at FACP & Remote Annunciator	☐	☐	
Activates all assigned devices (bells, magnetic holds, etc.)	☐	☐	
Are all readily accessible	☐	☐	
Proper TROUBLE notification at FACP once devices are rendered inoperable	☐	☐	

Waterflow Switches

Number Installed: _____ Number Tested:_____ Circuit Style/Class:_____

Additional Remarks: _____

	Satisfactory		
	Yes	No	Deficiencies Noted
Proper Annunciation at FACP & Remote Annunciator	☐	☐	
Activates all assigned devices (bells, magnetic holds, etc.)	☐	☐	
Are all readily accessible	☐	☐	
Proper TROUBLE notification at FACP once devices are rendered inoperable	☐	☐	
Flow switch activates within 90 seconds after water flow	☐	☐	

Tamper (Supervisory Alarms)

Number Installed: _____ Number Tested:_____ Circuit Style/Class:_____

Additional Remarks: _____

	Satisfactory		
	Yes	No	Deficiencies Noted
Proper Annunciation at FACP & Remote Annunciator	☐	☐	
Activates all assigned devices (bells, magnetic holds, etc.)	☐	☐	
Proper TROUBLE notification at FACP once devices are rendered inoperable	☐	☐	
Flow switch activates within 90 seconds after water flow	☐	☐	

Smoke Detectors

Number Installed: _____ Number Tested:_____ Circuit Style/Class:_____

Additional Remarks: _____

	Satisfactory		
	Yes	No	Deficiencies Noted
Proper Annunciation at FACP & Remote Annunciator	☐	☐	
Activates all assigned devices (bells, magnetic holds, etc.)	☐	☐	
Are all readily accessible	☐	☐	
Proper TROUBLE notification at FACP once devices are rendered inoperable	☐	☐	
Were sensitivity readings performed? *	☐	☐	

*If sensitivity readings were not performed, please describe why. If they were performed, please submit form documenting the values.

Heat AND/OR Duct Detectors

Number of Heats Installed: _____ Duct: _____

Number Tested: _____ Duct: _____ Circuit Style/Class:_____

Year Installed: _____

Additional Remarks: _____

	Satisfactory		
	Yes	No	Deficiencies Noted
Proper Annunciation at FACP & Remote Annunciator	☐	☐	
Activates all assigned devices (bells, magnetic holds, etc.)	☐	☐	
Are all readily accessible	☐	☐	
Proper TROUBLE notification at FACP once devices are rendered inoperable	☐	☐	
Were heat tests performed? If yes, please describe how.	☐	☐	

SUPERVISORY SIGNAL-INITIATING DEVICES

Additional Remarks: _____

	Satisfactory			
	Yes	No	Circuit Style	Deficiencies Noted
Building Temperature	☐	☐		
Site Water Temperature	☐	☐		
Site Water Level	☐	☐		
Fire Pump Power	☐	☐		
Fire Pump Running	☐	☐		
Fire Pump Auto Position	☐	☐		
Fire Pump or Pump Controller Trouble	☐	☐		
Generator in Auto Position	☐	☐		
Switch Transfer	☐	☐		
Generator Engine Running	☐	☐		
Other:	☐	☐		

ADDITIONAL EQUIPMENT

Automatic Door Locks

Number Installed: _____ Number Tested:_____

Additional Remarks: _____

	Satisfactory		
	Yes	No	Deficiencies Noted
All magnetic holds, timers, etc. operate properly	☐	☐	

Other Interconnected Systems (Clean Agent, Fire Pump, Commercial Cooking Hood, Preaction, Deluge, etc.)

Type(s) Installed: _____

Included in this Inspection/Test? ☐ Yes ☐ No

	Satisfactory		
	Yes	No	Deficiencies Noted
Proper Annunciation at FACP & Remote Annunciator	☐	☐	

DEFICIENCIES FOUND DURING INSPECTION (Please provide any further details relating to deficiencies found)

DEFICIENCIES REPAIRED (Please provide details on all repairs made on-site during this inspection)

COMMENTS (Please provide any further comments or issues of concern that may need follow up)

DECLARATION

Completed Date and Time of Test: _____

Fire alarm system restored to service without troubles or faults? ☐ Yes ☐ No

If No, document conditions.

I _____, certify that I tested the fire alarm system at the address identified in this test report, documented the conditions found during the inspection and have listed all deficiencies that were either corrected prior to leaving or require additional follow up. Any deviation or items identified by NFPA 72 to be tested that were not by nature of the site conditions or service contract have been identified on this report.

Signature _____ Date: _____