



# 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

#### BUILDING/PROPERTY INFORMATION

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

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?			
<b>Comments:</b>			

**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: \_\_\_\_\_

Person AND Agency who Developed Last Software Revision: \_\_\_\_\_

**TRANSMISSION TYPE**

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify) \_\_\_\_\_

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
<input type="checkbox"/> Nickel-Cadmium*				
<input type="checkbox"/> Sealed Lead-Acid*				
<input type="checkbox"/> Dry Cell**				
<input type="checkbox"/> Lead-Acid**				
<input type="checkbox"/> Other - Specify				

Date Batteries Manufactured & Expire: \_\_\_\_\_ & \_\_\_\_\_      Load Voltage Test:  Yes  No

Manufacture Date Stamped on Batteries:  Yes  No      Discharge Test:  Yes  No

Batteries Free of Corrosion/Leakage:  Yes  No      Charger Test:  Yes  No

Load Test Satisfactory:  Yes  No      Specific Gravity:  Yes  No \_\_\_\_\_

Number of Batteries On-Site: \_\_\_\_\_      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

Type	# Installed	# Tested	Satisfactory		Deficiencies Noted
			Yes	No	
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		Deficiencies Noted
	Yes	No	
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		Deficiencies Noted
	Yes	No	
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		Deficiencies Noted
	Yes	No	
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		Deficiencies Noted
	Yes	No	
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		Deficiencies Noted
	Yes	No	
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		Circuit Style	Deficiencies Noted
	Yes	No		
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		Deficiencies Noted
	Yes	No	
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		Deficiencies Noted
	Yes	No	
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)**

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**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: \_\_\_\_\_