



ANNUAL FIRE ALARM INSPECTION REPORT (Page 1 of 2)
CITY OF MOORHEAD FIRE PREVENTION DIVISION
 111 12th Street North, Moorhead, MN 56560
 (218) 299-5433 / chad.stangeland@moorheadmn.gov



INSPECTION AND TESTING FORM			ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION																																																												
INSPECTION AND TESTING FORM DATE: _____ TIME: _____			ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION <table style="width:100%; border: none;"> <tr> <td style="width: 20%;">Quantify of Appliances Installed</td> <td style="width: 20%;">Circuit Style</td> <td style="width: 20%;">Quantity of Appliances Tested</td> <td style="width: 40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Bells</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Horns</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Chimes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Strobes</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Speakers</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Other (Specify): _____</td> </tr> </table>			Quantify of Appliances Installed	Circuit Style	Quantity of Appliances Tested		_____	_____	_____	Bells	_____	_____	_____	Horns	_____	_____	_____	Chimes	_____	_____	_____	Strobes	_____	_____	_____	Speakers	_____	_____	_____	Other (Specify): _____																														
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SERVICE ORGANIZATION Name: _____ Address: _____ Representative: _____ License No.: _____ Telephone: _____			PROPERTY NAME (USER) Name: _____ Address: _____ Owner Contact: _____ Telephone: _____			No. of alarm notification appliance circuits: _____ Are circuits monitored for integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																									
MONITORING ENTITY Contact: _____ Telephone: _____ Monitoring Account Ref. No.: _____			APPROVING AGENCY Contact: _____ Telephone: _____			SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION <table style="width:100%; border: none;"> <tr> <td style="width: 20%;">Quantify of Devices Installed</td> <td style="width: 20%;">Circuit Style</td> <td style="width: 20%;">Quantity of Devices Tested</td> <td style="width: 40%;"></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Building Temp.</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Site Water Temp.</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Site Water Level</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Fire Pump Power</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Fire Pump Running</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Fire Pump Auto Position</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Fire Pump or Pump Controller Trouble</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Fire Pump Running</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Generator in Auto Position</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Generator or Controller Trouble</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Switch Transfer</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Generator Engine Running</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>Other: _____</td> </tr> </table>		Quantify of Devices Installed	Circuit Style	Quantity of Devices Tested		_____	_____	_____	Building Temp.	_____	_____	_____	Site Water Temp.	_____	_____	_____	Site Water Level	_____	_____	_____	Fire Pump Power	_____	_____	_____	Fire Pump Running	_____	_____	_____	Fire Pump Auto Position	_____	_____	_____	Fire Pump or Pump Controller Trouble	_____	_____	_____	Fire Pump Running	_____	_____	_____	Generator in Auto Position	_____	_____	_____	Generator or Controller Trouble	_____	_____	_____	Switch Transfer	_____	_____	_____	Generator Engine Running	_____	_____	_____	Other: _____
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TYPE TRANSMISSION <input type="checkbox"/> McCulloh <input type="checkbox"/> Multiplex <input type="checkbox"/> Digital <input type="checkbox"/> Reverse Priority <input type="checkbox"/> RF <input type="checkbox"/> Other (Specify): _____			SERVICE <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semiannually <input type="checkbox"/> Annually <input type="checkbox"/> Other (Specify): _____			SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72), Table 6.6.1): Quantity _____ Style(s) _____																																																									
Control Unit Manufacturer: _____ Circuit Styles: _____ Number of Circuits: _____ Software Rev.: _____ Last Date System Had Any Service Performed: _____ Last Date That Any Software or Configuration Was Revised: _____			SYSTEM POWER SUPPLIES (a) Primary (Main): Nominal Voltage _____ Amps _____ Overcurrent Protection: Type _____ Amps _____ Location (of Primary Supply Panelboard): _____ Disconnecting Means Location: _____ (b) Secondary (Standby): _____ Storage Battery: Amp-Hr Rating _____ Calculated capacity in _____ Amp-Hrs to operate system for _____ hours Engine-driven generator dedicated to fire alarm system: _____ Location of fuel storage: _____																																																												
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Alarm verification feature is disabled _____ enabled _____																																																															
(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																																																															



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PRIOR TO ANY TESTING					EMERGENCY COMMUNICATIONS EQUIPMENT		Visual	Functional	Comments
NOTIFICATIONS ARE MADE									
Monitoring Entity	Yes	No	Who	Time	Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____	
					Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	
					System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____	
SYSTEM TESTS AND INSPECTIONS					COMBINATION SYSTEMS		Visual	Device Operation	Simulated Operation
TYPE	Visual	Functional	Comments		Fire Extinguisher Monitoring Device System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____		Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	_____						
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____						
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____		INTERFACE EQUIPMENT				
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECONDARY POWER					SPECIAL HAZARD SYSTEMS				
TYPE	Visual	Functional	Comments		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Battery Condition	<input type="checkbox"/>		_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load Voltage		<input type="checkbox"/>	_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	_____		Special Procedures: _____				
Charger Test		<input type="checkbox"/>	_____						
Specific Gravity		<input type="checkbox"/>	_____						
TRANSIENT SUPPRESSORS					Comments: _____				
	<input type="checkbox"/>		_____						
REMOTE ANNUNCIATORS					SUPERVISING STATION MONITORING				
	<input type="checkbox"/>	<input type="checkbox"/>	_____		Alarm Signal	Yes	No	Time	Comments
NOTIFICATION APPLIANCES					Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____		Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____		Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____		Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	_____		Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS					NOTIFICATIONS THAT TESTING IS COMPLETE				
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail	Who	Time
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
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_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Comments: _____					Building Management				
					Monitoring Agency				
					Building Occupants				
					Other (Specify)				
					The following did not operate correctly: _____				
					System restored to normal operation: Date: _____ Time: _____				
THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.									
Name of Inspector: _____					Date: _____ Time: _____				
Signature: _____					Name of Owner or Representative: _____				
					Date: _____ Time: _____				
G:\fire\library\documents\permit applications\annual fire alarm inspection form 2023					Signature: _____				