



ANNUAL FIRE ALARM INSPECTION FORM (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																																																																								
<p>INSPECTION AND TESTING FORM</p> <p>Date: _____ Time: _____</p> <p>SERVICE ORGANIZATION</p> <p>Name: _____ Address: _____ Representative: _____ License No.: _____ Telephone: _____</p> <p>PROPERTY NAME (USER)</p> <p>Name: _____ Address: _____ Owner Contact: _____ Telephone: _____</p> <p>MONITORING ENTITY</p> <p>Contact: _____ Telephone: _____ Monitoring Account: Ref. No.: _____</p> <p>APPROVING AGENCY</p> <p>Contact: _____ Telephone: _____</p> <p>TYPE TRANSMISSION</p> <p><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): _____</p> <p>SERVICE</p> <p><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): _____</p> <p>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: _____</p>	<p>ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Quantify of Appliances Installed</th> <th>Circuit Style</th> <th>Quantify of Appliances Tested</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>Bells _____ Horns _____ Chimes _____ Strobes _____ Speakers _____ Other (Specify): _____</p> <p>No. of alarm notification appliance circuits: _____ Are circuits monitored for integrity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="text-align: center;">SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Quantify of Devices Installed</th> <th>Circuit Style</th> <th>Quantify of Devices Tested</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td></tr> </tbody> </table> <p>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: _____</p> <p>SIGNALING LINE CIRCUITS Quantity and style of signaling line circuits connected to system (see NFPA 72), Table 6.6.1): Quantity _____ Style(s) _____</p> <p>SYSTEM POWER SUPPLIES</p> <p>(a) Primary (Main): Nominal Voltage _____ Amps _____ Overcurrent Protection: Type _____ Amps _____ Location (of Primary Supply Panelboard): _____ Disconnecting Means Location: _____</p> <p>(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: _____</p> <p>TYPE BATTERY</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td><input type="checkbox"/> Dry Cell</td> <td><input type="checkbox"/> Lead-Acid</td> </tr> <tr> <td><input type="checkbox"/> Nickel-Cadmium</td> <td><input type="checkbox"/> Other (Specify): _____</td> </tr> <tr> <td><input type="checkbox"/> Sealed Lead-Acid</td> <td></td> </tr> </tbody> </table> <p>(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply: <input type="checkbox"/> Emergency system described in NFPA 70, Article 700 <input type="checkbox"/> Legally required standby described in NFPA 70, Article 701 <input type="checkbox"/> Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701</p>	Quantify of Appliances Installed	Circuit Style	Quantify of Appliances Tested	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	Quantify of Devices Installed	Circuit Style	Quantify of Devices Tested	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	<input type="checkbox"/> Dry Cell	<input type="checkbox"/> Lead-Acid	<input type="checkbox"/> Nickel-Cadmium	<input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Sealed Lead-Acid	
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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"/>	_____								
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____								
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____								
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____								
SECONDARY POWER					INTERFACE EQUIPMENT						
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"/>	_____								
Charger Test		<input type="checkbox"/>	_____								
Specific Gravity		<input type="checkbox"/>	_____								
TRANSIENT SUPPRESSORS					SPECIAL HAZARD SYSTEMS						
	<input type="checkbox"/>		_____		(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
REMOTE ANNUNCIATORS					Special Procedures: _____						
	<input type="checkbox"/>	<input type="checkbox"/>	_____		Comments: _____						
NOTIFICATION APPLIANCES					SUPERVISING STATION MONITORING		Yes	No	Time	Comments	
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____		Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____		Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____		Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	_____		Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____		
					Supervisory Signal	<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	Yes	No	Who	Time
_____	_____	<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"/>	_____	_____
_____	_____	<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: _____					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: _____						