

Fire Alarm System Inspection and Testing Form

Date: December 22,2020

Time: 15:00

SERVICE ORGANIZATION

Name: Johnson Controls, Inc.

Address: 2605 Fernbrook Lane N. Plymouth MN 55447

Representative: Don Jaskinia

License No.: PLC 0924 Nicet Level II

Telephone: 763-566-7650

PROPERTY NAME (USER)

Name: Crown College

Address: 6425 County Rd 30 St. Bonifacius MN 55375

Owner Contact: Dewey

Telephone: 952-446-4176

MONITORING ENTITY

Contact: None

Telephone: _____

Monitoring Account No. _____

APPROVING AGENCY

Contact: _____

Telephone: _____

Type Transmission

- McCulloh
- Multiplex
- Digital
- Reverse Polarity
- RF
- Other (Specify) Local Alarm Only

Service

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Panel Manufacturer: Notifier/JCI

Circuit Styles: B

Number of Circuits: Two

Software Revision: R6

Last date system had any service performed: 12/2019

Last Date that Any software or configuration was revised : _____

Model: IFC2-3030

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
<u>58</u>	<u>B</u>
<u>10</u>	<u>B</u>
<u>82</u>	<u>B</u>
<u>12</u>	<u>B</u>
<u>20</u>	<u>B</u>
<u>0</u>	<u>B</u>
<u>0</u>	<u>B</u>
<u>2</u>	<u>B</u>

- Manual Stations
- Area Ionization Detectors
- Area Photoelectric Detectors
- Duct Smoke Detectors
- Area Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): KITCHEN HOOD



INGENUITY WELCOME ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	4	Horns/Strobes
38	_____	Door Holders
10	4	Strobes
80	_____	Speakers/Strobes
3/2	4	Panels <u>Amplifiers DAA</u>

Number of alarm notification appliance circuits: 12
 Are circuits supervised? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temperature
_____	_____	Site Water Temperature
_____	_____	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: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to the system:

Quantity Two Style(s) B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120vac, Amps 15
 Overcurrent Protection: Type 120vac, Amps _____
 Location (Panel Number): 1st flr Electrical Panel
 Disconnecting Means Location: Electric Panel

b. Secondary (Standby):
24vdc Storage Battery: Amp-Hr. Rating 26
 Calculated capacity to operate system, in hours: _____ 24 _____ 60 _____ Other
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead-Acid
 Other (Specify): _____

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.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Rick	8:00a
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (Notified) of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	(2) 26 ahrs 2015 (6) 7amps hr 2015
Load Voltage		<input checked="" type="checkbox"/>	_____
Discharge Test		<input checked="" type="checkbox"/>	_____
Charger Test		<input checked="" type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity (Intelligibility)		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial No.	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
Smoke Detectors	Photo/Ion	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Heat Detectors	RR/Fixed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Duct Detectors	Photo	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pull Stations	Single Action	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments: _____



EMERGENCY COMMUNICATION EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone / Message 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"/>	_____

INTERFACE EQUIPMENT

(Specify) _____	Visual	Device Operation	Simulated Operation
Door Holders	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fan Shutdown	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DAMPERS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: All devices tested and cleaned.

ON/OFF PREMISES MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Time	Who
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>08:00</u>	<u>Dewey</u>
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: December 22,2020 Time: 08:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARD

Name of Inspector: Don Jaskinia Date: 12/22/2020 Time: 08:00

Signature Donald Jaskinia

Name of Owner or Representative: Dewey

Date: December 22,2020 Time: 15:00

Signature: _____

Fire Alarm System Inspection and Testing Form

Date: December 22, 2020

Time: 8:30

SERVICE ORGANIZATION

Name: Johnson Controls, Inc.

Address: 2605 Fernbrook Lane N. Plymouth MN 55447

Representative: Don Jaskinia

License No.: PLC 0924 Nicet Level II

Telephone: 763-566-7650

PROPERTY NAME (USER)

Name: Crown College (TeWinkel Mens Dorm)

Address: 6425 County Rd 30 St. Bonifacius MN 55375

Owner Contact: Dewey

Telephone: 952-446-4176

MONITORING ENTITY

Contact: None

Telephone: _____

Monitoring Account No. _____

APPROVING AGENCY

Contact: _____

Telephone: _____

Type Transmission

- McCulloh
- Multiplex
- Digital
- Reverse Polarity
- RF
- Other (Specify) Local Alarm Only

Service

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Panel Manufacturer: Simplex

Circuit Styles: B

Number of Circuits: _____

Software Revision: _____

Last date system had any service performed: _____

Last Date that Any software or configuration was revised : _____

Model: 4010

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	<u>B</u>
_____	<u>B</u>
<u>8</u>	<u>B</u>
<u>6</u>	<u>B</u>
<u>1</u>	<u>B</u>
_____	<u>B</u>
_____	<u>B</u>
_____	<u>B</u>

- Manual Stations
- Area Ionization Detectors
- Area Photoelectric Detectors
- Gentex Room Smoke Detectors
- Area Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____



INGENUITY WELCOME ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
3	4	Bells
7	4	Horns/Strobes
9	4	Sounders
		Strobes
		Speakers/Strobes
		Panels _____

Number of alarm notification appliance circuits: 1
 Are circuits supervised? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temperature
		Site Water Temperature
		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: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to the system:

Quantity Two Style(s) B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120vac, Amps 15
 Overcurrent Protection: Type 120vac, Amps _____
 Location (Panel Number): 1st flr Electrical Panel
 Disconnecting Means Location: Electric Panel

b. Secondary (Standby):
24vdc Storage Battery: Amp-Hr. Rating 7amp hrs
 Calculated capacity to operate system, in hours: _____ 24 _____ 60 _____ Other _____
 Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead-Acid
 Other (Specify): _____

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.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tom _____	8:00a _____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (Notified) of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> 2015	_____
Load Voltage		<input checked="" type="checkbox"/>	_____
Discharge Test		<input checked="" type="checkbox"/>	_____
Charger Test		<input checked="" type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity (Intelligibility)		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial No.	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<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: _____



EMERGENCY COMMUNICATION EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone / Message 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"/>	_____

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: The power supply is failed on the fire alarm panel.

ON/OFF PREMISES MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Time	Who
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>13:00</u>	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: December 22,2020 13:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARD

Name of Inspector: Don Jaskinia Date: 12/22/2020 Time: 13:00

Signature: Donald Jaskinia

Name of Owner or Representative: Dewey

Date: Decembe 22,2020 Time: 13:00

Signature: _____

Fire Alarm System Inspection and Testing Form

Date: December 22,2020

Time: 09:00

SERVICE ORGANIZATION

Name: Johnson Controls, Inc.

Address: 2605 Fernbrook Lane N. Plymouth MN 55447

Representative: Don Jaskinia

License No.: PLC 0924 Nicet Level II

Telephone: 763-566-7650

PROPERTY NAME (USER)

Name: Crown College (Weldin Womens Dorm)

Address: 6425 County Rd 30 St. Bonifacius MN 55375

Owner Contact: Dewey

Telephone: 952-446-4176

MONITORING ENTITY

Contact: None

Telephone: _____

Monitoring Account No. _____

APPROVING AGENCY

Contact: _____

Telephone: _____

Type Transmission

- McCulloh
- Multiplex
- Digital
- Reverse Polarity
- RF
- Other (Specify) Local Alarm Only

Service

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify) _____

Panel Manufacturer: Notifier

Circuit Styles: B

Number of Circuits: 2

Software Revision: _____

Last date system had any service performed: 2019

Last Date that Any software or configuration was revised : _____

Model: NFS 50

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style
_____	<u>B</u>
_____	<u>B</u>
<u>9</u>	<u>B</u>
_____	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
<u>1</u>	<u>B</u>
_____	<u>B</u>

- Manual Stations
- Area Ionization Detectors
- Area Photoelectric Detectors
- Duct Smoke Detectors
- Area Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): _____



INGENUITY WELCOME ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
4	4	Bells
9	4	Horns/Strobes
2	4	Sounders
		Strobes
		Speakers/Strobes
		Panels _____

Number of alarm notification appliance circuits: 1
 Are circuits supervised? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
		Building Temperature
		Site Water Temperature
		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: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to the system:

Quantity Two Style(s) B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120vac, Amps 15
 Overcurrent Protection: Type 120vac, Amps _____
 Location (Panel Number): 1st flr Electrical Panel
 Disconnecting Means Location: Electric Panel

b. Secondary (Standby):
24vdc Storage Battery: Amp-Hr. Rating 7amp hrs
 Calculated capacity to operate system, in hours: _____ 24 _____ 60 _____ Other

Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead-Acid
 Other (Specify): _____

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.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE

	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tom _____	8:00a _____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (Notified) of any impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Panel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Conditions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	2018 _____
Load Voltage		<input checked="" type="checkbox"/>	_____
Discharge Test		<input checked="" type="checkbox"/>	_____
Charger Test		<input checked="" type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity (Intelligibility)		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Location & Serial No.	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<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: _____



EMERGENCY COMMUNICATION EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone / Message 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"/>	_____

INTERFACE EQUIPMENT

	Visual	Device Operation	Simulated Operation
(Specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: All devices tested and cleaned.

ON/OFF PREMISES MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoral	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Time	Who
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>14:00</u>	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: December 22,2020 Time: 14:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARD

Name of Inspector: Don Jaskinia Date: 12/22/2020 Time: 014:00

Signature: Donald Jaskinia

Name of Owner or Representative: Dewey

Date: December 22/2020 Time: 14:00

Signature: _____