

SEMI-ANNUAL FIRE ALARM SYSTEM INSPECTION & TESTING (Health Care & Ambul)See the last page for instructions. Footnote indicates a specific instruction is available. NFPA 72 (1999) code ref § shown in *italic*

All items on this form must be completed. This form is based on NFPA 72 (1999 edition), Figure 7-5.2.2

DATE STARTED: _____

DATE COMPLETED: _____

1. SERVICE ORGANIZATION

Name: _____

Address: _____

License No: _____

Telephone: _____

Lead Inspector: _____

Qualification of Lead Inspector: ☐ Factory Trained ☐ NICET certified ☐ IMSA Certified ☐ State Certified☐ Local Certified ☐ Trained Staff of firm Listed by National Test Lab ☐ Other

(Attach Credentials of all on-site inspectors); § 7-1.2.2

2. PROPERTY NAME (USER)

Name: _____

Address: _____

Owner Contact: _____

Telephone: _____

3. PRIOR TO ANY TESTING**NOTIFICATIONS ARE MADE**

	Yes	No	Who (name/ID)	Date	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
Other (Specify	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____
AHJ (If Impairment)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____

4. SYSTEM TESTS & INSPECTIONS

Use this section only if there is a single panel in the system; otherwise, show tests for all on REPORT 'A' and attach at end

# FACP:	
# Power Supply Panels:	
# Annunciator or Panels:	

☐ Go to **REPORT A** (Do not show any data in this section)**A. SECONDARY POWER****Visual⁵****Functional⁶****Comments**Battery Condition^{17,18}☐Load Voltage¹⁹☐Discharge Test²⁰

Lead Acid

☐Charger Test²¹

Lead Acid

☐Specific Gravity²²

Lead Acid

☐**B. TRANSIENT SUPPRESSORS²³**☐**C. NOTIFICATION APPLIANCE TESTS AND INSPECTIONS²⁵**

(Enter device listing and test results on separate sheets as REPORT 'B', and attach at end of report)

D. INITIATING & SUPERVISORY DEVICE TESTS AND INSPECTIONS²⁶

(Enter device listing and test results on separate sheets as REPORT 'C', and attach at end of report)

E. EMERGENCY COMMUNICATIONS EQUIPMENT TESTS & INSPECTIONS²⁸

	Visual			
	Checked		Pass	Fail
Phone Set	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
				Comments

F. INTERFACE DEVICE TESTS AND INSPECTIONS²⁸

(Enter device listing and test results on separate sheets as REPORT 'E', and attach at end of report)

H. SPECIAL HAZARD SYSTEM DEVICE TESTS AND INSPECTIONS²⁹

(Enter device listing and test results on separate sheets as REPORT 'F', and attach at end of report)

I. SUPERVISING STATION MONITORING

	<u>Yes</u>	<u>No</u>	<u>Time</u>	<u>Comments</u>
a.Alarm Signal ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
b.Trouble Signal ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
c.Supervisory Signal ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		
d. Transmitter Test ³¹	<input type="checkbox"/>	<input type="checkbox"/>		

5. NOTIFICATIONS THAT TESTING IS COMPLETE

<u>NOTIFICATIONS ARE MADE</u>	<u>Yes</u>	<u>No</u>	<u>Who (name/ID)</u>	<u>Date</u>	<u>Time</u>
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>			
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>			
Building Management	<input type="checkbox"/>	<input type="checkbox"/>			
Other (Specify	<input type="checkbox"/>	<input type="checkbox"/>			
AHJ Notified (Local)	<input type="checkbox"/>	<input type="checkbox"/>			

6. INSPECTION & TESTING FAILURES

☐ List on Report G and attach

	<u>Date</u>	<u>Time</u>
System restored to normal operation:		

7. THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

<u>Name of Inspector</u>	<u>Date</u>	<u>Time</u>
Signature		
<u>Name of Owner or Representative</u>	<u>Date</u>	<u>Time</u>
Signature		

SEMI-ANNUAL FACP & POWER SUPPLY INSPECTIONS & TESTS**REPORT 'A'**

Facility Name: _____

Inspector Name: _____

Date : _____

Use additional sheets if the system has more than 12A panels

SEMI-ANNUAL ☐**Panel ID Number/Name**

Location: _____

	#1	#2	#3	#4
	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶
A. FACP Tests				
Transmission of Signal ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SECONDARY POWER				
Load Voltage ¹⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Test for 30 min. ²⁰	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity ²²	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. TRANSIENT SUPPRESSORS²³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. REMOTE ANNUNCIATOR²⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: _____

Panel ID Number/Name

Location: _____

	#5	#6	#7	#8
	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶
A. FACP Tests				
Transmission of Signal ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SECONDARY POWER				
Load Voltage ¹⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Test ²⁰	Lead-Acid <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity ²²	Lead-Acid <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. TRANSIENT SUPPRESSORS²³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. REMOTE ANNUNCIATOR²⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: _____

Panel ID Number/Name

Location: _____

	#9	#10	#11	#12
	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶	Pass Visual ⁵ Pass Functional ⁶
A. FACP Tests				
Transmission of Signal ¹⁵	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. SECONDARY POWER				
Load Voltage ¹⁹	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discharge Test ²⁰	Lead-Acid <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific Gravity ²²	Lead-Acid <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. TRANSIENT SUPPRESSORS²³	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. REMOTE ANNUNCIATOR²⁴	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Location: _____

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REPORT 'B'

Inspector Name:

Date :

Sort devices by type and provide subtotal at end of each group with # devices & # that Passed & Failed; The entire header below must appear on every page of

[illegible]

Type Device Codes: B=Bell, H=Horn, MH=Mini-Horn, C=Chime, CS=Chime/Strobe, HS=Horn Strobe, S=Speaker

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REPORT 'G'

Date :

[illegible]

FOOTNOTES FOR THE ANNUAL FIRE ALARM MAINTENANCE REPORT FORM

If a topic is not applicable, enter "N/A", plus a description of why it is N/A. All entry spaces must be filled in.

All lines on form must be completed. All code references per NFPA 72 (1999) which is the adopted edition for all hospitals, nursing homes, dialysis ctrs, and ambulatory surgical ctrs that receive Medicare funds nationwide and those licensed in Wisconsin. Accordingly, the purpose of this form is to document compliance with NFPA 72 (1999) that will be give the best chance of acceptance, without citations, by CMS, Wis DQA, and The Joint Commission. This document contains all of the elements that are required for compliance of fire alarm system inspection documentation, as outlined in NFPA 72 (1999 edition). It is acceptable for the vendor to use their own inspection report, but it is essential for the vendor to provide a cross-reference in the fields of this document of the section/page(s) where this information can be found in the vendors inspection report. CMS gives no tolerance for not completing the required maintenance by the calendar day it is due (i.e. annual = 365 days max).

Footnote #	Information
1	If devices do not exist in this system, enter "0" in the quantity.
2	<u>Initiating Circuit Style</u> per NFPA 72-Table 3-5: A, B, C, D, or E; per § 3-4.2.2.1(1)
3	<u>Notification Circuit Style</u> per NFPA 72-Table 3-7: W, X, Y, Z; per § 3-4.2.2.1(2)
4	<u>Signaling Circuit Style</u> per NFPA 72-Table 3-6: .5, 1, 2, 3, 3.5, 4, 4.5, 5, 6, or 7; per § 3-4.2.2.1(3)
5	<u>Visible inspection</u> of the Control Panel functions, frequency per Table 7-2.1; If Acceptable, place 'check' or 'x' in box; If Fail, place 'F' next to box.
6	<u>Functional testing</u> of the Control Panel functions, Frequency per Table 7-3.2; Method per Table 7-2.; see specific sub-section below; If Acceptable, place 'check' or 'x' in box; If Fail, place 'F' next to box.
7	<u>Control Unit Test</u> , Test per NFPA 72 (1999) table 7-2.2, #1a: Verify receipt of alarm, trouble signal input, operation of evac signals & aux functions, circuit supervision includes detection of open circuits & ground faults; power supervision includes loss of ac power & disconnect of batteries
8	<u>Interface Test</u> , Test per NFPA 72 (1999) table 7-2.2, # 1c: verify interconnection of circuits between panels by operating equipment being supervised; verify signals that need transmission at the control panel
9	<u>Lamp Test</u> , Test per NFPA 72 (1999) table 7-2.2, #1d: verify operation by illuminating all lamps & LEDs
10	<u>Fuse Test</u> , Test per NFPA 72 (1999) table 7-2.2, #1b: verify rating & supervision
11	<u>Primary Power Test</u> , Test per NFPA 72 (1999) table 7-2.2, #1e: Verify by disconnection of batteries & operating under max load, including all devices that require simultaneous operation; test redundant power supplies separately; Reconnect batteries
12	<u>Trouble Signal Test</u> , Test per NFPA 72 (1999) table 7-2.2, #9a: Verify operation of audible and visual panel trouble signals (and ring-back feature for sys that use a trouble silencing switch that requires resetting)
13	<u>Disconnect Test</u> , Test per NFPA 72 (1999) table 7-2.2, #9b: Verify operation of each disconnect/isolation switch, including receipt of trouble signal when a supervised function is disconnected.
14	<u>Ground-Fault Test</u> , Test per NFPA 72 (1999) table 7-2.2, #9c: Verify ground-fault indicator works when any installation conductor is grounded
15	<u>Transmission of Signal</u> , Test per NFPA 72 (1999) table 7-2.2, #9d: Verify by separately activating (a) an initiating device, (b) trouble condition, and (c) supervisory device & confirm receipt of alarm signal at the off-site location within 90 sec; If system transmission carrier is capable of communicating multiple fault conditions then all three must be testing to verify receipt of each signal.
16	<u>Fiber-Optic Cable & Connection</u> , Test per NFPA 72 (1999) table 7-2.2, #12b: Test the transmission line per the mfrgr instructions. If the power level drops 2% or more from the acceptance test value the line must be repaired or replaced
17	<u>Battery Visual</u> , Test per NFPA 72 (1999) table 7-2.2, #5a & 5b: Inspect for corrosion or leakage, tightness of connections; Remove & clean terminal connections if needed & coat; Visually check electrolyte level in lead-acid units; Replace batteries per mfrgr recommendation or if recharged battery falls below mfrgr recommendation
18	<u>Battery Test</u> , Test per NFPA 72 (1999) table 7-2.2, #3: Disconnect all primary power & verify trouble for loss; measure system standby & alarm current demand & verify general alarm can be operated for at least 5 minutes & voice comm sys for at least 15 min; Reconnect primary power.
19	<u>Load Voltage Test</u> , Test per NFPA 72 (1999) table 7-2.2, #5e: Disconnect battery charger & measure terminal voltage while the sys is supplying the maximum load; Voltage must not fall below that specified for the type battery.
20	<u>Discharge Test</u> , Test per NFPA 72 (1999) table 7-2.2, #5d: Disconnect battery charger & load test batteries per mfrgr recommendations. Voltage must not fall below that specified for the type battery.
21	<u>Charger Test</u> , Test per NFPA 72 (1999) table 7-2.2, #5c: Test operation based on type of battery. For Sealed Lead-Acid Batteries: with charger connected & batteries fully charged, voltage across terminals must be 2.3 volts per cell+/- .02 volts or as spec'd by mfrgr

22	Specific Gravity Test , Test per NFPA 72 (1999) table 7-2.2, #6b.3 (lead acid only): Measure specific gravity of electrolyte; Must be in range spec'd by mfr (range of 1.205-1.220 is typical to regular & 1.240-1.260 for high-perf batteries).
23	Transient Suppressor Test , Test per NFPA 72 (1999) table 7-2.2, #8: Inspect lightning protection equip per mfg. specs; Must also inspect after any lightning strikes
24	Remote Annunciator Test , Test per NFPA 72 (1999) table 7-2.2, #10: Verify correct operation & identification of annunciators; Verify operation under a fault condition if the sys is made to operate as such.
25	<p>REPORT B - Notification Devices to be tested include all audible, visual, and voice devices included in the inventory section; Test per NFPA 72 (1999) table 7-2.2, #8. Sort devices by type and provide subtotal at end of each group with # devices & # that Passed & Failed. The number tested must equal the number in the inventory. The entire header must appear at the top of every page of this REPORT. Start REPORT on a new page. If device is Acceptable, place 'check' or 'x' in box; If Fail, place 'F' next to box.</p> <p>Visual inspections include observing for things that may hinder equipment performance, including but not limited to building modifications, occupancy changes, changes in environmental conditions, device location, physical obstructions, device orientation, physical damage, improper installation, an degree of cleanliness.</p> <p>Annual: Visual & Test; Semi-Annual=Visual only</p> <p>a. Audible Device Test, per 14a: Measure sound pressure with spec'd meter & record. Verify audible information is distinguishable and understandable</p> <p>b. Visual Device Test, per 14c: Test per mfr instructions; Verify locations per current AHJ approved layout.</p> <p>c. Voice Device Test, per 14b: Measure sound pressure with spec'd meter & record.</p>
26	<p>REPORT C - Initiating Devices to be tested include all devices included in the inventory section; Test per NFPA 72 (1999) table 7-2.2, #7. Sort devices by type and provide subtotal at end of each group with # devices & # that Passed & Failed. The number tested must equal the number in the inventory. The entire header must appear at the top of every page of this REPORT. Start REPORT on a new page.</p> <p>Visual inspections include observing for things that may hinder equipment performance, including but not limited to building modifications, occupancy changes, changes in environmental conditions, device location, physical obstructions, device orientation, physical damage, improper installation, an degree of cleanliness.</p> <p>Annual: Visual & Test; Semi-Annual=Visual only</p> <p>a. Manual Fire Alarm Box Test, per 13e: Operate per mfr instructions</p> <p>b. Ion & Photo Smoke Detector Test, per 13g-1: Inject listed smoke aerosol into sensing chamber & verify response.</p> <p>c. Radiant Energy Detector Test, per 13f: Test per mfr instructions</p> <p>d. Duct Detector Test, per 13g-4: Test to ensure device will sample the airstream per mfr instructions</p> <p>e. Projected Beam Detector Test, per 13g-5: Introduce listed smoke aerosol into the beam path</p> <p>f. Heat Detector Test, per 13d: Test depends on style & mfr instructions; per §7-3.2.3 only two or more restorable fixed temp spot type heat detectors per circuit need be tested annually, but all must be tested within 5 yrs.</p> <p>g. Waterflow Switch Test, per 13i: Flow water through the inspector test connection equal to one sprinkler for a wet sys or an alarm test bypass connection for dry pipe, per NFPA 25 (1998 ed); Note: frequently performed during quarterly sprinkler sys testing.</p> <p>h. Fire Suppression Switch Test, per 13b: Mechanically or electrically operate the switch and verify receipt of signal.</p> <p>Supervisory Devices to be tested include all devices included in the inventory section #7</p> <p>a. Control Valve Tamper Switch Test, per 13h-1 and NFPA 25, 9-3.4.3: Operate valve; signal receipt must be received within 1st two revolutions of the hand wheel or 1/5th of the travel distance of the stem from normal position, or per mfr instructions. Must not restore itself until valve is at it normal position. Note: frequently performed during quarterly sprinkler sys testing.</p> <p>b. Hi/Low Air Pressure Switch Test, per 13h-2: Operate switch; signal must be received within max 10 psi from required pressure</p> <p>c. Room Temp Switch Test, per 13h-3: Operate switch; signal receipt must be received to indicate a 400 F drop in room temp and its restoration to above 400F.</p> <p>d. Water Level Switch Test, per 13h-4: Operate switch; signal must be received when water level is 3" above or below the required level in a pressure tank or 12" of a non-pressure tank</p> <p>e. Water Temp Switch Test, per 13h-5: same as room temp test</p>
27	<p>REPORT D - Smoke Detector Sensitivity Test, Test per NFPA 72 (1999) table 7-2.2, # 13g-1 and §7-3.2.1: Sort devices by type and provide subtotal at end of each group with # devices & # that Passed & Failed. The entire header must appear at the top of every page of this REPORT. Start REPORT on a new page.</p> <p>a. Method: A calibrated test method that administers a measured concentration of smoke or listed aerosol into the detector. Also acceptable is a listed control equipment that is arranged for the purpose. The test must verify that the device is within its limits; Detectors outside the range must be cleaned & recalibrated or replaced. per §3-8.3.2.3.2, Automatic Drift Compensation is acceptable but FACU must id detectors when the limit of compensation is reached.</p> <p>b. Frequency: Detectors must be sensitivity tested at time of installation, within 1 yr after installation, and every alternate year thereafter. It is recommended that 1/2 of the detectors are tested in even years and the other 1/2 tested in odd years. Any detector that is installed/replaced must be tested upon installation and then placed in the next year's group for testing.</p>

28	<p><u>Emergency Communications Equipment Tests</u>, Test per NFPA 72 (1999) table 7-2.2, #18:</p> <ul style="list-style-type: none"> a. <u>Phone Set Test</u>, per 18e: Active each set and verify correct operation b. <u>Phone Jack Test</u>, per 18d: Visually inspect each jack & initiate phone communication path thru jack c. <u>Off-Hook Indicator Test</u>, per 18c: Install phone set or remove from hook to verify receipt at control panel d. <u>Amplifier & Tone Generator Test</u>, per 18a: Verify correct switching and operation of backup equipment e. <u>Call-In Signal Test</u>, per 18b: Operate function and verify receipt of correct visual and audible signals f. <u>System Performance Test</u>, per 18f: Operate system with a min of 5 handsets simultaneously and verify voice quality and clarity.
29	<p><u>REPORT E - Interface Device Tests</u>, Sort devices by type and provide subtotal at end of each group with # devices & # that Passed & Failed. The entire header must appear at the top of every page of this REPORT. Start REPORT on a new page.</p> <p>Visual inspections include observing for things that may hinder equipment performance, including but not limited to building modifications, occupancy changes, changes in environmental conditions, device location, physical obstructions, device orientation, physical damage, improper installation, an degree of cleanliness. Tests per NFPA 72 (1999), Table 7-2.2 #19 & text of code.</p> <p>Annual: Visual & Test; Semi-Annual=Visual only</p> <ul style="list-style-type: none"> a. Fire Pump Interface: Operate pump/open contact and confirm all interfaces function b. Kitchen Gas Valve/Power Release Relay: Operate suppression system & confirm operation of release c. Delayed Egress Lock Release Relay Test: Confirm operation of release on fire alarm d. Auto Door Operator Latch Release Relay Test: Confirm operation of release on fire alarm e. Access Control Lock Release Relay Test: Confirm operation of release on fire alarm f. Elevator Recall Relay Test: Confirm operation of release on fire alarm g. Door Hold-Open Release Relay Test: Confirm operation of release on fire alarm h. HVAC Fan Shutdown Relay Test: Confirm operation of release on fire alarm
30	<p><u>REPORT F - Special Hazard Device Tests</u>, Test per NFPA 72 (1999) table 7-2.2 #15: Sort devices by type and provide subtotal at end of each group with # devices & # that Passed & Failed. The entire header must appear at the top of every page of this REPORT. Start REPORT on a new page.</p> <p>Visual inspections include observing for things that may hinder equipment performance, including but not limited to building modifications, occupancy changes, changes in environmental conditions, device location, physical obstructions, device orientation, physical damage, improper installation, an degree of cleanliness.</p> <ul style="list-style-type: none"> a. Elevator Shunt Trip, per 15: Operate switch & verify sequence of operation b. Abort Switch Test, per 15: Operate switch & verify sequence of operation
31	<p><u>Supervising Station -Transmission Test</u>, Test per NFPA 72 (1999) table 7-2.2, #16d-d: Disconnect the primary and secondary communication line between the FACP and monitoring site; Verify a trouble signal at the FACP and at the supervising station within 4 minutes of the fault. Must test both lines.</p>