

Functional Test / Visual Inspection Record

WO# 431527

Passed Failed / Deficiencies Found Fire Watch Required

1. Contact Information

Service Property Name

Name: Party City #0076
 Address: 3357 South Bristol
 City Santa Ana State CA Zip 92704
 Facility Manager: _____
 Direct Contact Number _____

Fire Alarm Service Organization

Name: _____
 Address: _____
 City _____ State ____ Zip _____
 Technician Name: _____
 Direct Contact Number _____

Monitoring Entity

Contact: _____
 Telephone: () _____ - _____
 Account #: _____ Pass code: _____

Approving Agency (AHJ)

Contact: _____
 Telephone: () _____ - _____

2. Monitoring Information

PRIOR TO TESTING, THE FOLLOWING NOTIFICATIONS MUST BE MADE:

	YES	NO	Name & Department contacted	Phone number	Time on test
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	__ : __ am/pm
Local Fire Department	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	__ : __ am/pm
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	__ : __ am/pm
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	__ : __ am/pm

Monitoring transmission type

- Local Fire Alarm Panel (Not Monitored)
- Local Fire Alarm Panel wired to building system
- Combination Fire/Burglar Alarm Panel
- Fire Alarm Devices wired to building system (No Panel)
- Multiplex
- Cellular
- Reverse Priority
- Fire Alarm Control Panel with Built in Digital Communicator
- Fire Alarm Control Panel with Slave (added) Digital Communicator
- Stand-alone Digital Communicator
- Fire Alarm Control Panel with Security System acting as Communication Device
- RF
- Other (Specify) _____

3. Panel

Manufacturer _____ Last Inspection (date): __/__/__ Passed Failed
 Model _____ Last service performed: __/__/__
 Type: Addressable Conventional

4. Primary & Secondary Power

Panel is powered by a dedicated breaker: Yes No Breaker Location: _____ Electrical Panel #: ____
 Breaker location is posted at FACP: Yes No Breaker is marked in red: Yes No
 Breaker is labeled "Fire Alarm Circuit": Yes No Breaker is Locked: Yes No

Battery Data

Battery Type Dry cell Nickel cadmium Sealed lead acid Lead acid Other (Specify)
 Battery Size 12 v 7 amp 12 v 10 amp 12 v 18 amp 12 v 24 amp Other (Specify)

Battery Manufacturer _____
 Date batteries were installed: __/__/__ No date indicated
 (Do not replace batteries until first calling AFP dispatcher for authorization)

5. Phone Lines

Phone numbers: Primary _____ Secondary _____
 Are the phone lines wired utilizing RJ31X jacks and cords? Yes No
 Primary line is Shared Dedicated (If Shared) Does the primary line have true line seizure? Yes No
 Secondary line is Shared Dedicated (If Shared) Does the secondary line have true line seizure? Yes No

4. Device Counts (Page 3 only required if more than 7 devices are present)

Alarm Initiating and Supervising Devices

Note: IF THE SYSTEM HAS MORE THAN 15 INITIATING & SUPERVISORY DEVICES, USE THE "LONG" INSPECTION REPORT AND CHECK THIS BOX:

	N/A	Quantity	Circuit Style	Manufacturer	Model number
Manual pull stations	<input type="checkbox"/>	_____	_____	_____	_____
Ion smoke detectors	<input type="checkbox"/>	_____	_____	_____	_____
Photo smoke detectors	<input type="checkbox"/>	_____	_____	_____	_____
HVAC Duct detectors	<input type="checkbox"/>	_____	_____	_____	_____
HVAC remote switches	<input type="checkbox"/>	_____	_____	_____	_____
Water flow switches	<input type="checkbox"/>	_____	_____	_____	_____
Valve tamper switches	<input type="checkbox"/>	_____	_____	_____	_____
Other (Specify) _____		_____	_____	_____	_____

Alarm Indicating (Notification) Devices

	N/A	Quantity	Circuit Style	Manufacturer	Model number
Horn/strobes - Ceiling	<input type="checkbox"/>	_____	_____	_____	_____
Horn/strobes - Wall	<input type="checkbox"/>	_____	_____	_____	_____
Strobes	<input type="checkbox"/>	_____	_____	_____	_____
Bells	<input type="checkbox"/>	_____	_____	_____	_____
Other (Specify) _____		_____	_____	_____	_____

Some devices like HVAC duct detectors and sprinkler devices are sometimes on site but not part of the fire alarm system. Please state if this is the case. If the facility has emergency communication equipment for voice evacuation, use Fig. 10.6.2.3 / NFPA 72 (2002).

Circuit Information

Number of Alarm **initiating** circuits: _____

Number of Alarm **Notification** circuits: _____

Are all initiating circuits supervised? Yes No

Are all notification circuits supervised? Yes No

(Supervised means that an End of Line Resistor is at the end of each circuit)

Signaling Line Circuits Quantity and style (See NFPA 72, table 6.6.1) of signaling line circuits connected to system.

Quantity: _____ Style(s): _____ Quantity: _____ Style(s): _____

5. System Tests & Inspections

Functional Tests and Visual Inspections of Initiating and Supervisory devices

List devices and NAC Circuits individually. Devices that are found to be non-accessible need to have estimated cost of labor and equipment to access and test them. Some devices like HVAC duct detectors and sprinkler devices are sometimes on site but not part of the fire alarm system. Please state if this is the case.

Location, Address (Serial Number)	Device Type	Visual Inspection			Functional Test		Factory Setting	Measured Setting	Not Accessible
		Pass	Fail	N/A	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"/>
		<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"/>

