

KENTFIELD FIRE PROTECTION DISTRICT



Developed by
Jim Galli, Battalion Chief
Approved by
Paul Smith, Fire Chief

Fire Protection Standard 404

Inspection and Testing Form

Date: 1-1-04

Revision: _____

Page: 1 of 8

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

PROPERTY NAME (USER)

Name: _____

Name: _____

Address: _____

Address: _____

Representative: _____

Owner Contact: _____

License No.: _____

Telephone: _____

Telephone: _____

MONITORING ENTITY

APPROVING AGENCY

Contact: _____

Contact: _____

Telephone: _____

Telephone: _____

Monitoring: _____

Account Ref. No.: _____

TYPE TRANSMISSION

SERVICE

McCulloh

Weekly

Multiplex

Monthly

Digital

Quarterly

Reverse Priority

Semiannually

RF

Annually

Other (Specify) _____

Other (Specify) _____

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Revision: _____

Page: 2 of 8

Control Unit Manufacturer: _____ Model No.: _____

Circuit Styles: _____

Number of Circuits: _____

Software Rev.: _____

Last Date System Had Any Service Performed: _____

Last Date That Any Software or Configuration Was Revised: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes

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Date: 1-1-04
 Revision: _____
 Page: 3 of 8

Quantity _____ Circuit Style _____ Speakers

_____ Other (specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity _____ Circuit Style _____ 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

_____ Switch Transfer

_____ Generator Engine Running

_____ Other: _____

SIGNALING LINE CIRCUITS

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

Quantity _____ Style(s) _____

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 Revision: _____
 Page: 4 of 8

SYSTEM POWER SUPPLIES

- a. Primary (Main): Normal Voltage _____, Amps _____
 Overcurrent Protection: Type _____, Amps _____
 Location (of Primary Supply Panelboard): _____
 Disconnecting Means Location: _____
- b. Secondary (Standby):
 _____ Storage Battery: _____ Amp-Hr. Rating _____
 Calculated capacity to operate system, in hours: _____ 24 _____ 60 _____
 _____ 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	_____	_____	_____	_____

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Revision: _____

Page: 5 of 8

PRIOR TO ANY TESTING (continued)

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Building Occupants	_____	_____	_____	_____
Building Management	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
AHJ (Notified) of Any Impairments	_____	_____	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	VISIBLE	FUNCTIONAL	COMMENTS
Control Unit	_____	_____	_____
Interface Eq.	_____	_____	_____
Lamps/LEDS	_____	_____	_____
Fuses	_____	_____	_____
Primary Power Supply	_____	_____	_____
Trouble Signals	_____	_____	_____
Disconnect Switches	_____	_____	_____
Ground-Fault Monitoring	_____	_____	_____

SECONDARY POWER

TYPE	VISIBLE	FUNCTIONAL	COMMENTS
Battery Condition	_____	_____	_____
Load Voltage	_____	_____	_____
Discharge Test	_____	_____	_____
Charger Test	_____	_____	_____

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Revision: _____

Page: 6 of 8

TYPE	VISIBLE	FUNCTIONAL	COMMENTS
Specific Gravity	_____	_____	_____
TRANSIENT SUPPRESSORS	_____	_____	_____
REMOTE ANNUNCIATORS	_____	_____	_____
NTOIFICATION APPLIANCES			
Audible	_____	_____	_____
Visual	_____	_____	_____
Speakers	_____	_____	_____
Voice Clarity		_____	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Comments: _____

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments
Phone Set	_____	_____	_____
Phone Jacks	_____	_____	_____
Off-Hook Indicator	_____	_____	_____
Amplifier(s)	_____	_____	_____
Tone Generator(s)	_____	_____	_____
Call-in Signal	_____	_____	_____
System Performance	_____	_____	_____

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 Revision: _____
 Page: 7 of 8

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	_____	_____	_____
(Specify) _____	_____	_____	_____
(Specify) _____	_____	_____	_____

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	_____	_____	_____
(Specify) _____	_____	_____	_____
(Specify) _____	_____	_____	_____

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	_____	_____	_____	_____
Alarm Restoration	_____	_____	_____	_____
Trouble Signal	_____	_____	_____	_____
Supervisory Signal	_____	_____	_____	_____
Supervisory Restoration	_____	_____	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
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.

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Page: 8 of 8

Name of Inspector: _____ Date: _____ Time: _____

Signature: _____

Name of Owner or Representative: _____

Date: _____ Time: _____

Signature: _____