



# EAST TENNESSEE STATE UNIVERSITY

## Facilities Management

**Policy Number:** 700.4

**Title:** Fire Protection & Life Safety Inspection Policy

**Implementation Date:** December 15<sup>th</sup>, 2014

**Last Revised:** August 1<sup>st</sup>, 2008

### Introduction

This policy is primarily established to protect ETSU faculty, staff, students, and visitors as well as reduce potential large fire losses of ETSU properties. This policy recognizes the fact that life safety is more than just a matter of safe egress. This policy includes inspection and testing requirements necessary to achieve an acceptable degree of life safety and outlines the safeguards to provide adequate time to egress and protection from fire exposure.

### Scope

This policy applies to all employees in Facilities Management and building coordinators/assistant building coordinators.

### Definitions

Combustibles: A material, such as paper, wood, and plastic, that will ignite and burn.

Emergency Lighting: Backup power lighting systems that provide the necessary lighting in the event of any interruption of normal lighting.

Exit: That portion of a means of egress that is provided as a protected way of travel to the outside of the building or structure.

Exit Signs: Markings identifying access to exits (usually internally illuminated with battery backup power).

Fire Alarm Pull Station: Manually activated device when pulled activates the fire alarm system.

Fire Door: The door component of a fire door assembly that provides a specific degree of fire protection to the opening when closed.



Fire Watch: A person or persons assigned to an area for the express purpose of notifying the fire department, the building occupants, or both of an emergency; preventing a fire from occurring; extinguishing small fires; or protecting the public from fire or life safety dangers.

Illuminated:

-Externally Illuminated: Refers to a light source that is contained outside of the device or sign that is to be illuminated.

-Internally Illuminated: Refers to a light source that is contained inside the device or sign that is to be illuminated.

Means of Egress: A continuous and unobstructed way of travel from any point in a building or structure to the outside.

Portable Fire Extinguisher: A portable device, carried or on wheels and operated by hand, containing an extinguishing agent that can be expelled under pressure for the purpose of suppressing or extinguishing fire by a layperson.

**Responsibilities**

All Facilities Management employees are responsible for reading and reviewing this policy. All Facilities Management directors and supervisors will ensure that their subordinates adhere to this policy. Facilities Management employees who fail to comply with this policy may be subject to disciplinary action for noncompliance with university policies.

**A. Building Coordinators/Asst. Bldg. Coordinators (or their designee)**

1. Perform monthly inspections as outlined on Monthly Fire & Life Safety Inspection Checklist (Attachment A) and submit to Health & Safety by the 28<sup>th</sup> of every month.
2. Notify responsible parties of discrepancies.
3. Follow-up of corrective actions.

**B. VA Lead Worker**

1. Perform monthly inspections as outlined on Attachments B & E and submit to Health & Safety.
2. Submit work requests as needed.
3. Follow-up of corrective actions.

**C. Plumbing Shop Supervisor**

1. Perform weekly inspections of fire pump at Nick's Hall and Sherrod Library as outlined on Attachment C and submit to Health & Safety.

#### **D. Housing Maintenance Lead Worker**

1. Perform weekly inspections of fire pump at Centennial Hall and Governor's Hall as outlined on Attachment C and submit to Health & Safety.
2. Perform monthly inspections as outlined in Attachments B & E and submit to Health & Safety.
3. Submit work requests as needed.
4. Follow-up of corrective actions.

#### **E. Custodians**

1. Perform monthly fire extinguisher inspections as per procedures outlined in Attachment B, page 6.
2. Initial and date the back of the fire extinguisher date tag, verifying that the 30 day inspection was conducted.
3. Report any missing or deficient fire extinguishers to their supervisor.

#### **F. Health & Safety:**

##### **I. Fire Protection Manager**

1. Develop, implement and maintain the Fire Protection & Life Safety Inspection Policy.
2. Provide the necessary training to employees.
3. Maintain inspection logs.
4. Assign corrective actions.
5. Complete work orders to fix discrepancies.
6. Follow-up of corrective actions.
7. Maintain training records.
8. Maintain inspection documentation.

##### **II. Fire & Life Safety Technician**

1. Perform annual fire alarm inspections and tests of all main campus, VA Campus and satellite facilities as outlined on Attachments F and submit to Health & Safety.



2. Submit work requests as needed.
3. Follow-up of corrective actions.

## **Procedures**

### **GENERAL LIFE SAFETY INSPECTIONS (ATTACHMENT A)**

Every building coordinator/assistant coordinator, or their designee, will inspect their respective areas for compliance with all items on the Monthly Fire & Life Safety Inspection Checklist.

#### **I. EXITS**

1. Are corridors/hallways clear of all obstructions? Verify that all exit pathways are clear and that furniture, decorations, equipment, etc. will not hinder people's ability to exit the building in a safe manner. All exit pathways should be maintained at a width greater than 36 inches at all times.
2. Are stairwell/stairways clear of all obstructions? Verify that all stairwells and staircases are clear of obstructions and not being used as storage areas, especially under stairwells. Storage in stairwell areas increases the combustible load in an area designed to protect people from fire exposure during egress.
3. Are the electrically illuminated exit signs working (lighting)? Verify all exit signs are illuminated (bulb not burned out).
4. Are exit stairwell doors (fire doors) being kept closed? Verify that all fire doors are closed and not propped open. The only exception is when fire doors are being held open by an electromagnetic door holder. This type of door holder is tied into the fire alarm system and will release the doors when the fire alarm is activated.
5. Can interior exit doors be opened in one motion and without use of a key or special knowledge or effort? Verify no exit doors have been locked in such a way (i.e. chained and padlocked) that would not allow someone to exit safely through these designated exits.

#### **II. FIRE AND LIFE SAFETY DEVICES/EQUIPMENT**

1. If your building has a fire alarm system, are the pull stations visible (no obstructions placed in front of)? Verify that no furnishings, decorations, plants, office supplies, etc. are placed in front of the pull stations in such a way that it obscures the view of the pull station or hinders its accessibility.



### **III. STORAGE ROOMS**

1. Are storage rooms being kept in a neat and orderly manner? Verify that storage areas are not cluttered or piled high with unnecessary excess combustibles (paper, plastic, trash, etc.).

### **IV. FIRE HAZARDS**

1. Are extension cords being used instead of permanent wiring? Verify that people are not using extension cords as a permanent fix instead of a temporary one, and that the cord is not presenting a trip hazard. Surge protected power strips are acceptable.

2. Are any covers on electrical devices (outlets, junction boxes, etc.) missing or any electrical wires exposed? Identify electrical devices that you see missing covers and any electrical devices that do not look right (i.e. exposed wires).

3. Are flammable and combustible liquids stored appropriately? Verify flammable and combustible liquids are stored in fire cabinets, if available, and that containers are closed. Verify that flammable and combustible liquids are not being stored near electrical devices such as space heaters, breaker boxes, or other devices that may present an ignition source.

### **V. EMERGENCY PLANS**

1. Are your building fire prevention and emergency action plans up to date? Verify that evacuation diagrams are up to date and that the emergency procedures plaque is posted.

2. Is the staff aware of people with a disability in their area who may need assistance out of the building (i.e. a hearing impaired person may need assistance to advise them of a fire alarm sounding)? Verify the location of individuals in the building that may require special needs in the event of an evacuation. Notify Health & Safety to develop an evacuation plan for those needing special assistance.

3. Are employees aware of the campus fire alarm evacuation procedures? Verify employees in the building are familiar with evacuation procedures. Identify new employees that may need to be made aware of evacuation procedures.

### **VI. AED CHECKLIST**

1. AED present with no sign of damage, clean and is not beeping. Verify that the AED & associated cabinet are not damaged or beeping.

2. AED Response Kit present and attached to AED. Verify that the AED response kit is present in the associated cabinet and attached to the AED.

### **VII. ELEVATORS**



1. Are elevator emergency phones operating properly? Call public safety (439-4480) first and let them know you are about to test the elevator emergency phone. Then test the phone, making sure that the phone is transmitting and receiving.

## **MONTHLY BUILDING INSPECTIONS (ATTACHMENT B)**

Monthly fire protection equipment and life safety equipment inspections will be the responsibility of the VA Zone Lead Worker, Housing Maintenance Lead Worker, and the Fire & Life Safety Technician. They will complete Attachment B as follows:

### **I. FIRE EXTINGUISHERS**

1. All portable fire extinguishers have been inspected and accounted for? Inspect and account for all portable fire extinguishers in your building or zone to ensure they are properly mounted, pressurized and not obstructed. Gages should show a full charge. Maps outlining the locations of fire extinguishers of every facility are available from the Health & Safety Office.
2. You have initialed the tags on all the fire extinguishers for the appropriate month? The inspection will be documented by initialing the appropriate month on the fire extinguisher tag.
3. Please list any fire extinguishers that are deficient, missing or are past its annual service date. List any extinguishers that during your inspection you found to be deficient (i.e. low pressure, missing, past its annual service date, damaged, missing date tag, etc.) Then submit a work request to the Physical Plant main office to ensure corrective action and prompt service whenever portable fire extinguishers are deficient, are missing from its intended location, or are beyond its annual service date.

**Note:** Annual fire extinguisher inspections and maintenance will be performed by contractors based in accordance NFPA requirements and the manufacturer's recommendations. Responsibility for verifying compliance and oversight of contractor's inspection/maintenance program will be that of the Fire Protection Manager. Documentation will be maintained by the Fire Protection Manager at the Facilities Management Office.

### **II. FIRE SPRINKLER SYSTEMS**

6. Gauges have been inspected, are in good condition, and normal water supply pressure is being maintained? Verify gauges are in good condition and normal pressure is being maintained.
7. Control valves have been inspected, are in good condition, and locked in the open position? Verify control valves are in the open position and are in good condition.
8. Annual inspection tag is present and is not past its service date? Verify tag is present and within service/inspection date.



9. Please identify the building and list any deficiencies. List any deficiency discovered during inspection and report immediately to Health & Safety.

COMPLETE ATTACHMENT B MONTHLY AND SUBMIT TO HEALTH & SAFETY AS SOON AS THE REPORT IS COMPLETE.

**Note:** Annual sprinkler systems inspections and maintenance will be performed by contractors based in accordance NFPA requirements and the manufacturer's recommendations. Responsibility for verifying compliance and oversight of contractor's inspection/maintenance program will be that of the Fire Protection Manager. Documentation will be maintained by the Fire Protection Manager in the Facilities Management Office.

### **FIRE PUMP WEEKLY TEST (ATTACHMENT C)**

The housing maintenance lead worker is responsible for weekly inspection/testing of the fire pump at Governor's Hall and Centennial Hall. The Facilities Management plumbing group will complete the Weekly Pump Performance Test form for Sherrod Library and Nick's Hall, and submit same to Health & Safety by the 28<sup>th</sup> of each month. An annual preventative maintenance program for fire pumps will be performed by contractors based in accordance NFPA requirements and the manufacturer's recommendations. Responsibility for verifying compliance and oversight of contractor's maintenance will be that of the Fire Protection Manager. Documentation will be maintained by the Fire Protection Manager in the Facilities Management Office.

### **LIFE SAFETY DEVICES / EQUIPMENT (ATTACHMENT E)**

Monthly fire protection equipment and life safety equipment inspections will be the responsibility of the VA Maintenance Lead Worker, Housing Maintenance Lead Worker, the Fire Protection Manager, and the Fire & Life Safety Technician. All emergency lighting and EXIT lighting will be inspected & tested and documented on the Life Safety Equipment Form (Attachment E). Complete Attachment E as follows:

#### **I. LIFE SAFETY DEVICES/EQUIPMENT**

1. All emergency lights have been inspected and tested? Verify lights have not been damaged in any way. Push the test button and hold for 30 seconds. Verify the lights come on and stay on during the test period. Power can also be disabled verifying lights come on and stay on during test period.
2. Please list any emergency lights that are deficient or fail inspection/test. If any lights fail inspection/test, please complete work requests to correct deficiencies. List the deficiencies on the table provided including the work order number for corrective actions.
3. All illuminated emergency EXIT signs have been inspected and tested? Verify EXIT signs have not been damaged in any way. Push the test button. EXIT signs with no battery backup will go off when the test button is pushed (EXIT



signs with no battery backup are used in areas that have emergency lighting to externally illuminate the EXIT sign). For EXIT signs with battery backup hold the test button for 30 seconds. Verify that the lights in the sign remain on during testing. Power can also be disabled verifying lights come on and stay on during test period.

4. Please list any emergency EXIT signs that are deficient or fail inspection/test. If any EXIT signs fail inspection/test, please complete work requests to correct deficiencies. List the deficiencies on the table provided including the work order number for corrective actions.

THIS INSPECTION REPORT MUST BE TURNED INTO HEALTH & SAFETY WHEN THE TEST AND INSPECTION HAS BEEN COMPLETED.

### **EMERGENCY GENERATOR QUARTERLY PERFORMANCE INSPECTION AND TEST**

Emergency generators will be inspected, tested and maintained on a quarterly basis by contractors. Responsibility for verifying compliance and oversight of contractor's inspections will be that of the Environmental Manager. Documentation will be maintained by the Environmental Manager at the Facilities Management Office.

#### **Contact Persons**

Associate Vice President  
Director of Environmental Health & Safety  
Fire Protection Manager  
Environmental Manager

#### **Forms**

Monthly Fire and Life Safety Inspection Checklist for Building Coordinators – Attachment A  
Monthly Fire and Life Safety Equipment Inspection Checklist for Lead Workers – Attachment B  
Fire Pump Weekly Performance Test – Attachment C  
Life Safety Equipment Inspection – Attachment E  
Fire Alarm Inspection and Test Form – Attachment F

**Approved by:**

  
William Brady Rasnick, Jr., Associate Vice President, Facilities Management

**Date approved:**

1/2/15



Attachment A

MONTHLY FIRE AND LIFE SAFETY INSPECTION  
CHECKLIST FOR BUILDING COORDINATORS

BUILDING \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

Performed By: \_\_\_\_\_

**I. EXITS**

1. Are corridors/hallways clear of all obstructions? [ ] Yes [ ] No
2. Are stairwell/stairways clear of all obstructions? [ ] Yes [ ] No
3. Are the electrically illuminated exit signs working (lighting)? [ ] Yes [ ] No
4. Are exit stairwell doors (fire doors) being kept closed?  
*(The exception is if rated fire door is held open by an electromagnetic door holder activated by the fire alarm system.)* [ ] Yes [ ] No
5. Can interior exit doors be opened in one motion and without use of a key or special knowledge or effort? [ ] Yes [ ] No

**II. FIRE AND LIFE SAFETY DEVICES/EQUIPMENT**

1. If your building has a fire alarm system, are the pull stations visible (no obstructions placed in front of pull stations)? [ ] Yes [ ] No

**III. STORAGE ROOMS**

1. Are storage rooms being kept in a neat and orderly manner? [ ] Yes [ ] No

**IV. FIRE HAZARDS**

1. Are extension cords being used instead of permanent wiring? [ ] Yes [ ] No
2. Are any covers on electrical devices (outlets, junction boxes, etc.) missing or any electrical wires exposed? [ ] Yes [ ] No
3. Are flammable and combustible liquids stored appropriately? [ ] Yes [ ] No

**V. EMERGENCY PLANS**

1. Are your building fire prevention and emergency action plans up to date? [ ] Yes [ ] No
2. Is the staff aware of people with a disability in their area who may need assistance out of the building? (i.e. a hearing impaired person may need assistance to advise them of a fire alarm sounding.) [ ] Yes [ ] No
3. Are employees aware of the campus fire alarm evacuation procedures? [ ] Yes [ ] No

**VI. AED CHECKLIST**

1. AED present with no sign of damage, clean and is not beeping. [ ] Yes [ ] No
2. AED Response Kit present and attached to AED. [ ] Yes [ ] No

**VII. ELEVATORS**

1. Are elevator emergency phones operating properly?  
(Please call public safety at 439-4480 before testing the phones) [ ] Yes [ ] No

**This inspection report must be completed each month and turned into Health & Safety by the 28<sup>th</sup> of each month.**



## Attachment B

### MONTHLY FIRE AND LIFE SAFETY EQUIPMENT INSPECTION CHECK LIST FOR LEAD WORKERS

SUPERVISOR \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

BUILDING \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

#### A. FIRE EXTINGUISHERS

1. All portable fire extinguishers have been inspected and accounted for? ☐ Yes ☐ No
2. Have you initialed the tags on all the fire extinguishers for the appropriate month documenting your inspection? ☐ Yes ☐ No
3. Please list any fire extinguishers that are deficient, missing or are past its annual service date:

FIRE EXTINGUISHER NUMBER	DEFICIENCY

#### B. FIRE SPRINKLER SYSTEMS

1. Gauges have been inspected, are in good condition, and normal water supply pressure is being maintained? ☐ Yes ☐ No
2. Control valves have been inspected, are in good condition, and are in the open position? ☐ Yes ☐ No
3. Annual inspection tag is present and is not past its service date? ☐ Yes ☐ No
4. Please identify the building and list any deficiencies:

BUILDING	DEFICIENCY

**THIS INSPECTION REPORT MUST BE COMPLETED EACH MONTH AND  
TURNED INTO HEALTH & SAFETY BY THE 28<sup>TH</sup> OF EACH MONTH.**



# Attachment C

## Fire Pump Weekly Performance Test

### ETSU Facilities Management

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Pump suction and discharge valves are fully open? ☐ Yes ☐ No  
 Pump starting pressure is recorded in test data table? ☐ Yes ☐ No  
 Pump run for at least 10 minutes? ☐ Yes ☐ No

Suction line pressure gauge is reading normal? *Record Below* ☐ Yes ☐ No

Discharge line pressure gauge is reading normal? *Record Below* ☐ Yes ☐ No

Pump packing gland is free of discharge and leaks? ☐ Yes ☐ No\*

The gland nuts do not need adjustment? ☐ Yes ☐ No\*

The pump is free of any unusual noise or vibration? ☐ Yes ☐ No\*

Packing boxes, bearings and pump casing do not appear to be overheating? ☐ Yes ☐ No\*

All pump, controller and motor components are working properly? ☐ Yes ☐ No\*

The pump is lubricated? ☐ Yes ☐ No\*

#### Jockey Pump

Jockey pump operational? ☐ Yes ☐ No\*

Jockey pump appears properly aligned? ☐ Yes ☐ No\*

Jockey pump valves open? ☐ Yes ☐ No\*

**ANNUAL REQUIREMENT** - Jockey pump "turn on": \_\_\_\_\_ psi

**ANNUAL REQUIREMENT** - Jockey pump "turn off": \_\_\_\_\_ psi

#### **TEST DATA:**

Pump starting pressure (psi)	Suction pressure (psi)	Discharge pressure (psi)	Pump speed (rpm/amps)	Flowrate (gpm)

**Fire Pump Inspection and Test Performed by:**

\_\_\_\_\_  
*Signature*

**ALL DEFICIENCIES MUST BE FULLY EXPLAINED ON THE BACK OF THIS FORM.**



*This record shall be maintained in the Physical Plant for a period of two years.*

Fire Pump Weekly Performance Test

**Comments:** \_\_\_\_\_

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## Attachment E

### LIFE SAFETY EQUIPMENT INSPECTION

#### *ETSU Facilities Management*

**BUILDING:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**I. LIFE SAFETY DEVICES/EQUIPMENT**      **Signature** \_\_\_\_\_

1. All emergency lights have been inspected and tested? ☐ Yes ☐ No
2. Please list any emergency lights that are deficient or fail inspection/test:

EMERGENCY LIGHT LOCATION	DEFICIENCY	WO #

3. All emergency EXIT signs have been inspected and tested? ☐ Yes ☐ No
4. Please list any emergency EXIT signs that are deficient or fail inspection/test:

EXIT SIGN LOCATION	DEFICIENCY	WO #

**THIS INSPECTION REPORT MUST BE TURNED INTO HEALTH & SAFETY BY THE 28<sup>TH</sup> OF EACH MONTH.**



## Attachment F: FIRE ALARM INSPECTION AND TESTING FORM

DATE: TIME:

### SERVICE ORGANIZATION

Name:

Address:

Representative:

License No.:

Telephone:

### PROPERTY NAME (USER)

Name:

Address:

Owner Contact:

Telephone:

### MONITORING ENTITY

Contact:

Telephone:

Monitoring Account Ref. No.:

### APPROVING AGENCY

Contact:

Telephone:

### TYPE TRANSMISSION

McCulloh

Multiplex

Digital

Reverse Priority

RF

Other (Specify)

### SERVICE

Weekly

Monthly

Quarterly

Semiannually

Annually

Other (Specify)

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**

<b>Quantity of Devices Installed</b>	<b>Circuit Style</b>	<b>Quantity of Devices Tested</b>
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		Manual Fire Alarm Boxes
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		Ion Detectors
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		Photo Detectors
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		Duct Detectors
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		Heat Detectors
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		Waterflow Switches
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		Supervisory Switches
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		Other (Specify):
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**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

<b>Quantity of Appliances Installed</b>	<b>Circuit Style</b>	<b>Quantity of Appliances Tested</b>
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		Bells
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		Horns
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		Chimes
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		Strobes
--	--	---------

		Speakers
--	--	----------

Other (Specify): dB recorded at 10' from AV

No. of alarm notification appliance circuits:

Are circuits monitored for integrity?



QTY OF DEVICES INSTALLED	CIRCUIT STYLE	QTY OF DEVICES TESTED
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
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91	91	91
92	92	92
93	93	93
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96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

Building Temp.

Site Water Temp.

Site Water Level

Fire Pump Power

Fire Pump Running

Fire Pump Auto Position

Fire Pump or Pump Control

Fire Pump Running

QTY OF DEVICES INSTALLED	CIRCUIT STYLE	QTY OF DEVICES TESTED
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
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90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

Generator in Auto Position  
Generator/Controller Trouble  
Switch Transfer  
Generator Engine Running  
Other:

Quantity and style (See NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity:                      Style (s)



## SYSTEM POWER SUPPLIES

- (a) Primary (Main): Nominal Voltage                      Amps
- (b) Overcurrent Protection: Type                      Amps
- (c) Location (of Primary Supply Panelboard):
- (d) Disconnecting Means Location:
- (e) Secondary (Standby):
  - Storage Battery: Amp-Hr Rating
  - Calculated capacity to operate system, in hours 24
  - Engine-driven generator dedicated to fire alarm system:
  - Location of fuel storage:
- (f) Independent lockable breaker:

### Type Battery

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

Batteries Tested: (SEE ATTACHED)

- (g) 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 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			
Building Occupants			
Building Management			
Other (Specify)			
AHJ (Notified) of Any Impairments			

## SYSTEMS TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
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Control Unit

Interface Equipment

Lamps/Leds

Fuses

Primary Power Supply

Trouble Signals

Disconnect Switches

Ground-Fault Monitoring

## SECONDARY POWER

TYPE	Visual	Functional	Comments
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Battery Condition

Load Voltage

Discharge Test

Charger Test

Specific Gravity

Transient Suppressors

Remote Annunciators

Notification Appliances

Audible

Visual

Speakers

Voice Clarity

## INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Settings	Meas. Setting	Pass/Fail
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COMMENTS: SEE ATTACHED SHEET (S)

**EMERGENCY COMMUNICATIONS EQUIPMENT**

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set			
Phone Jacks			
Off-Hook Indicator			
Amplifiers (s)			
Tone Generator (s)			
Call-In Signal			
System Performance			

**COMBINATION SYSTEMS**

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
Fire extinguisher Monitoring Device/System			
Carbon Monoxide Detector/System			
(Specify) _____			

**INTERFACE EQUIPMENT**

(Specify) _____		
(Specify) _____		
(Specify) _____		

**SPECIAL HAZARD SYSTEMS**

(Specify) _____		
(Specify) _____		
(Specify) _____		

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

**SUPERVISING STATION MONITORING:**

YES/NO	TIME	COMMENTS
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Alarm Signal	_____	_____
Alarm Restoration	_____	_____
Trouble Signal	_____	_____
Trouble Signal Restoration	_____	_____
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: \_\_\_\_\_ SEE ATTACHED \_\_\_\_\_

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:

Signature:

DISCREPENCY

BUILDING: \_\_\_\_\_

CONTROL PANEL: \_\_\_\_\_