



EAST TENNESSEE STATE UNIVERSITY

Facilities Management

Policy Number: 700.4

Title: Fire Protection & Life Safety Inspection Policy

Implementation Date: August 1st, 2008

Last Revised: September 14th, 2017

Last Audited: April, 2021

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

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 28th of every month.
2. Notify responsible parties of discrepancies.
3. Follow-up of corrective actions.
4. Assists EH&S in communicating with building occupants.

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. 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.

D. Custodians

1. Perform monthly fire extinguisher inspections as per procedures outlined in Monthly Building Inspections (Fire Extinguishers), on 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.

E. Health & Safety:

I. Fire Protection Manager

1. Develop, implement and maintain the Fire Protection & Life Safety Inspection Policy.
2. Oversee the functionality, maintenance and compliance of fire alarm systems, fire sprinkler systems, and cooking hood suppression systems.
3. Provide the necessary fire safety training to employees.
4. Maintain inspection logs.
5. Assign corrective actions.
6. Complete work orders to fix discrepancies.
7. Follow-up of corrective actions.
8. Maintain training records.
9. Maintain inspection documentation.
10. Conduct monthly fire pump test

II. Fire Protection Specialist

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. Perform annual testing of panic buttons that utilize fire alarm systems as the transmission path to public safety.
3. Submit work requests as needed.
4. 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 every 30 days 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 Maintenance Lead Workers at off-campus facilities, the VA Lead Maintenance Workers, and the Housing Maintenance Lead Workers. 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 order request to Facilities Management at <http://etsutma2.etsu.edu:81/home.html> to ensure corrective action and prompt service whenever portable fire extinguishers are deficient, are missing from its intended location, or 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 Weekly Performance Test form will be submitted to the Fire Protection Manager. The Fire Protection Manager will complete the Weekly Pump Performance Test form for Sherrod Library, Nick's Hall, and Buc Ridge I/II. 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 Maintenance Lead Workers at off-campus facilities, VA Maintenance Lead Workers, Housing Maintenance Lead Workers, the Fire Protection Manager, and the Fire Protection Specialist. 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 INSPECTIONS AND TESTS

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

ANNUAL FIRE ALARM INSPECTIONS AND TESTS

The Fire Protection Manager and Specialist is responsible for annually inspecting and testing all fire alarm systems. All initiating devices (smoke, heat, and duct detectors) will be tested for operability. All audio-visual devices on the notification appliance circuits will also be tested for operability. Additionally, all panic buttons that are inter-connected on fire alarm systems will be tested annually. Test results will be documented on the form listed as Attachment F. The fire protection manager will be responsible for correcting any deficiencies listed in the Fire Alarm Inspection and Testing Form.

Contact Persons

Associate Vice President for Facilities Management
Director of Environmental Health & Safety
Director of Environmental Health & Safety
Fire Protection Manager
Environmental Compliance 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: _____
Laura Bailey, Associate Vice President for Facilities Management

Date approved: _____

Audited: August, 2017
April, 2021

Revised: September 14th, 2017

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 28th 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 28TH 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 <i>(psi)</i>	Suction pressure <i>(psi)</i>	Discharge pressure <i>(psi)</i>	Pump speed <i>(rpm/amps)</i>	Flowrate <i>(gpm)</i>

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: _____

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 28TH 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

Quantity of Devices Installed Circuit Style Quantity of Devices Tested

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 of Appliances Installed Circuit Style Quantity of Appliances Tested

Bells

Horns

Chimes

Strobes

Speakers

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

No. of alarm notification appliance circuits:

Are circuits monitored for integrity?

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF DEVICES INSTALLED CIRCUIT STYLE QTY OF DEVICES TESTED

- 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

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION (CONTINUED)

QTY OF DEVICES INSTALLED CIRCUIT STYLE QTY OF DEVICES TESTED

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

SIGNALING LINE CIRCURITS

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: _____