

## INSPECTION REPORT-FIRE ALARM SYSTEM

		Facility ID Number	
Facility Name		Email Address	
Address (Street, City, Zip Code)			County
Facility Type <input type="checkbox"/> RCF-Residential Care Facility <input type="checkbox"/> DCC-Day Care Center <input type="checkbox"/> ALF-Assisted Living Facility <input type="checkbox"/> FDCH-Family Day Care <input type="checkbox"/> LE-License Exempt Facility <input type="checkbox"/> GH-Group Day Care or Group Home <input type="checkbox"/> Other			
Owner		Administrator	
DIRECT/INDIRECT CONNECTION TO A FIRE DEPARTMENT (MONITORED)			Yes <input type="checkbox"/> No <input type="checkbox"/>
PULL STATIONS AT EXIT			Yes <input type="checkbox"/> No <input type="checkbox"/>
EMERGENCY POWER SUPPLY			Yes <input type="checkbox"/> No <input type="checkbox"/>
FIRE ALARM SYSTEM IN PROPER OPERATING CONDITION			Yes <input type="checkbox"/> No <input type="checkbox"/>
SPRINKLER FLOW SWITCH IN PROPER OPERATING CONDITION			Yes <input type="checkbox"/> No <input type="checkbox"/>
KITCHEN RANGE HOOD EXTINGUISHER CONNECTED TO THE FIRE ALARM SYSTEM			Yes <input type="checkbox"/> No <input type="checkbox"/>
DETECTORS ARE INSTALLED AND IN PROPER OPERATING CONDITION, INCLUDING REQUIRED SMOKE DETECTOR SENSITIVITY			Yes <input type="checkbox"/> No <input type="checkbox"/>
DOOR RELEASE FUNCTIONAL			Yes <input type="checkbox"/> No <input type="checkbox"/>
ELEVATOR RECALL FUNCTIONAL			Yes <input type="checkbox"/> No <input type="checkbox"/>
DUCT DETECTORS/DAMPERS OPERATIONAL			Yes <input type="checkbox"/> No <input type="checkbox"/>
REMARKS			
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, A FIRE ALARM SYSTEM REPRESENTATIVE HAVE MADE AN INSPECTION OF THE FIRE ALARM SYSTEM IN THE ABOVE NAMED FACILITY, AND THAT THE FIRE ALARM <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) IN PROPER WORKING CONDITION AND HAS BEEN PROPERLY INSTALLED IN ACCORDANCE WITH NFPA 72.			
Signature		Print Name	Title
Name of Company		Telephone Number	Date
Address (Street, City, Zip Code)			
Return To:		<b>OFFICE USE ONLY</b>  DATE RECEIVED:  DATE REVIEWED:  REVIEWED BY:	

