



Inspection Contract # _____
File # _____

**FIRE ALARM SYSTEM
Report of Inspection**

**Spokane Fire Department - Fire Prevention Bureau
44 W. Riverside Ave., Spokane, WA 99201-0189
Telephone (509) 625-7000**

Date _____

Name of facility _____

Occupied as _____

Address _____ City _____

County _____ Zip _____ Telephone _____

Building designation (if more than one building) _____

Inspected by _____ Title _____
print print

Date of inspection _____

1. Type of test: monthly [] quarterly [] semi-annual [] annual []
2. Type of system: non-coded [] common coded [] selective coded [] dual coded []
3. Local Fire Department _____
4. Fire Department official contacted _____
5. Comments, explanation of unsatisfactory results, action taken, repairs made, etc.

Type of Equipment	# of Units Tested	Test Date	Satisfactory Check			Type and Manufacturer		
			Yes	No	N/A			
6. Control panel								
7. Manual station								
8. Heat detectors								
9. Smoke detectors								
10. Audible alarms								
11. Visual alarms								
12. Code transmitters								
13. Auto. door releases								
14. Trouble indicators								
15. Charger								
16. Generator								
17. Ventilation control								
18. Fire Department interconnection								
19. Central station interconnection								
20. Exterior sprinkler electric alarm bell								
21. Sprinkler water flow switch								
22. Sprinkler gate valve tamper switch								
23. Annunciators								
	System Demand Design		Load Test Description			Amp Hour Available	Load Test Satisfactory	
	Amp Draw In Standby	Amp Draw in Alarm					Yes	No
24. Batteries								

25. Automatic time delay of general alarm _____ minutes. None installed []

26. Test of alarm system on emergency power satisfactory? Yes [] No []

27. This is to certify that this fire alarm system has been properly inspected and functions as designed covering the times listed in this report and is consistent with local and NFPA Fire Alarm Maintenance Standards.

- A. Signature of owner or representative _____
 B. Signature of fire alarm firm representative _____
 C. Name of firm _____
 D. Mailing address _____ Telephone _____
 E. Electrical Contractors License # _____
 F. Specialty Electricians License # _____ Local Registration # _____

28. Smoke detector sensitivity testing provided:

- A. Yes, service form attached and copy filed with owner.
 B. No, owner refused. Comments: _____
 C. NA (not applicable). Comments: _____