

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 \_\_\_\_\_

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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: \_\_\_\_\_