



**Inc. Village of Lindenhurst**  
 Fire Marshal  
 430 So. Wellwood Ave.  
 Lindenhurst, NY  
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# FIRE ALARM SYSTEM TEST REPORT

Maintenance  
Confidence Testing

SYSTEM \_\_\_\_\_ OF \_\_\_\_\_

ADDRESS										TIME IN:		
NAME OF FACILITY										TIME OUT:		
TYPE OF TEST: MONTHLY <input type="checkbox"/>		SEMI ANNUAL <input type="checkbox"/>		ANNUAL <input type="checkbox"/>		QUARTERLY <input type="checkbox"/>		ACCEPTANCE <input type="checkbox"/>		DATE INSPECTED:		
VOLTAGE: BATTERY VOLTS				CHARGE CIRCUIT VOLTS			<b>BATTERY VOLTAGE UNDER FULL LOAD</b> VOLTS					
ITEM	YES	NO	N/A	ITEM	YES	NO	N/A	ITEM	YES	NO	N/A	
TROUBLE SIGNAL AC POWER OFF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CIRCUITS CHECKED FOR ELECTRICAL SUPERVISION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GROUND FAULT EXISTS ON SYSTEM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SYSTEM OPERATES ON STANDBY POWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CONTROL PANEL CHECKED PER NFPA & MFGS INST.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM WIRING CONFORMS TO NEC STANDARDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIGNALS OPERATE ON AC POWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUXILIARY EQIP. OPERATES (ELEV / FANS / DAMPERS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KEY TO PANEL AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SIGNALS OPERATE ON STANDBY POWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CENTRAL STATION OR REMOTE CONNECTION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OPERATING INSTRUCTIONS AT PANEL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PANEL MFG.		MODEL:				NO INIAT. ZONES:			NO SIGNAL ZONES:			
<b>TYPE OF EQUIPMENT</b>	NO. OF UNITS		SATISFACTORY			<b>TYPE OF EQUIPMENT</b>	NO. OF UNITS		SATISFACTORY			
	IN BLDG	TESTED	YES	NO	N/A		IN BLDG	TESTED	YES	NO	N/A	
BELLS, HORNS, CHIMES, VOICE ALARM, SPEAKERS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DUCT DETECTORS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VISUAL ALARM DEVICES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SPECIAL EXTINGUISHING SYSTEM			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TROUBLE INDICATORS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANNUNCIATORS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HEAT DETECTORS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ELEVATOR RECALL			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
WATER FLOW SWITCHES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PHONE JACKS (FFTs)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
AUTO FIRE SPRINKLER SUPERVISORY SWITCHES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE & SMOKE DAMPERS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMOKE DETECTORS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DOOR RELEASE DEVICES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MANUAL PULL STATIONS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO DOOR UNLOCKS (FAILSAFE)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERATOR STARTS			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AUTO DOOR RELEASE (FAILSAFE)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
VENTILATION CONTROLS OPERATE			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
NO. OF SMOKE DETECTOR CALIBRATION CHECKS PERFORMED					LOOP RESISTANCE PER ZONE WITH SHORT AT LAST DEVICE TAKEN			Y <input type="checkbox"/>	N <input type="checkbox"/>			
NO. OF SMOKE DETECTORS CLEANED					IF QUARTERLY—ZONES OR FLOORS TESTED							
PROBLEMS FOUND / CORRECTIONS MADE:												
TESTING AGENT - PRINT NAME :						SIGNATURE :						