



City of Black Hawk
Fire Department
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

System Test Report

FIRE ALARM

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Fire Alarm Inventory	
System Make:	
System Model:	
Control Panel Location:	
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	Name:

FIRE ALARM SYSTEM

Date Tested:

The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the current Fire Code, referenced NFPA 72 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

Pre-Test Checks	
A Temporary Fire Watch Permit (TFWP) is required when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. Avoid unnecessary alarms by putting the Fire Alarm System in test mode. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.	
1. If system is taken offline, Temporary Fire Watch Permit (TFWP) has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
General	
5. The key to the panel is available at the Fire Alarm Control Panel (FACP).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. The operating instructions are available at the FACP.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Alarm Panel	
8. The FACP operates on AC power	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. The FACP operates on Battery power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. The FACP operates on emergency generator/standby power.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. The trouble indicators function properly and a trouble signal comes on with AC power off.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Initiation Devices & Notification Appliances	
12. Initiating and notification appliances tested operate properly on AC power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Initiating and notification appliances tested operate properly on generator/standby power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Initiating and notification appliances tested operate properly on battery power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. 100% of the INITIATING DEVICES per circuit were tested in accordance with the NFPA 72 Chapter 10 standards referenced by the current fire code (NFPA 72).	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to	

be tested annually. Records shall be kept to ensure that every detector is tested every five years.						
16. 100% of the AUDIBLE ALARM APPLIANCES per circuit were tested in accordance with NFPA 72 Chapter 10.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
17. The audible alarm appliances tested operate at the levels the levels required by NFPA 72.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
18. The audible appliances tested in residential units generate a minimum of 60DBA at the pillow in the sleeping areas.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
19. 100% of the VISUAL ALARM APPLIANCES per circuit were tested in accordance with NFPA 72 Chapter 10.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
20. The visual alarm appliances tested operate as required by NFPA 72.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
Batteries						
21. The batteries are rated for: (hours & minutes)	Hours:		Minutes:			
22. Battery voltage (no load)	Volts:					
23. Battery voltage (full load)	Volts:					
24. Charge circuit voltage	Volts:					
Interface Devices						
25. The FACP received signals from the following Interface devices: Tested by:	<input type="checkbox"/>	Simulation	<input type="checkbox"/>	Operation		
26. Emergency Generator(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
27. Flow Switch(es)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
28. Supervisory Switch(es)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
29. Range Hood Suppression System(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
30. Spray Booth Suppression System(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
31. Clean Agent System(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
32. Pre-action Systems(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
33. Pull Stations	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Other Equipment Controlled by FACP						
34. The following Fire Safety Functions responded to signals from the FACP. Tested by:	<input type="checkbox"/>	Simulation	<input type="checkbox"/>	Operation		
Note: This Section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.						
35. Fan controls	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
36. Smoke Dampers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
37. Elevator Recall system	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
38. Elevator Shunt Switch(es)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
39. Magnetic Door Holders	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40. Door Lock devices	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
41. Fire Pump(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
42. General alarm automatic time delay _____ (minutes)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

43. Remote Annunciator Panels	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Communication Equipment			
44. All phone sets function properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
45. All phone jacks function properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
46. All phone indicating devices at the FACP work properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
47. The public address equipment at the FACP works properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
48. The in-building Emergency Radio Communication Systems function throughout the building in accordance with the current Fire Code Sec. 510.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
49. Emergency phone tested in area of refuse.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Alarm Panel Monitoring			
50. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Stairway Door Locks			
51. All stairway door locking devices release simultaneously, without unlatching, upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
52. All stairway door locking devices release simultaneously, without unlatching, upon activation from the fire command center.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
53. The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
54. There is an access key at the control panel for doors that fail to unlock.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
55. All of the doors open, close, and latch properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Final Checks			
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.			
56. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
57. Temporary Fire Watch Permit Log Sheet submitted.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I am authorized to submit this report for the certified technician who has accepted this statement.			
Printed Name of Technician:	Signature:		
Printed Name of Building Representative:	Signature:		