



Randall Mechanical Inc.  
3307 S Claracona Rd.  
Apopka, FL 32703  
407-464-7776  
EC13005133

## NFPA 72 Inspection Report

Date of this inspection or test: \_\_\_\_\_ Time of inspection or test: \_\_\_\_\_

### 1. PROPERTY INFORMATION

Name of property \_\_\_\_\_

Address: \_\_\_\_\_

Description of property: \_\_\_\_\_

Occupancy type: \_\_\_\_\_

Name of property representative: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Authority having jurisdiction over this property: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

### 2. INSTALLATION, SERVICE, AND TESTING TECHNICIAN INFORMATION

Service technician or tester:

\_\_\_\_\_

Monitoring organization for this equipment: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail \_\_\_\_\_

Entity to which alarms are retransmitted: \_\_\_\_\_ Phone: \_\_\_\_\_

### 3. TYPE OF SYSTEM OR SERVICE

Fire alarm system (nonvoice)

Fire alarm with in-building fire emergency voice alarm communication system (EVACS)

Mass notification system (MNS)

Combination system, with the following components:

Fire alarm

EVACS

MNS

Two-way, in-building, emergency communication system

Other (specify): \_\_\_\_\_

**3. TYPE OF SYSTEM OR SERVICE (continued)**

3.1 Control Unit

Manufacturer: \_\_\_\_\_ Model number: \_\_\_\_\_

3.2 Mass Notification System

This system does not incorporate an MNS.

3.2,1 System Type:

In-building MNS — combination

In-building MNS — stand-alone

Wide-area MNS

Distributed recipient MNS

Other (specify): \_\_\_\_\_

3.2.2 System Features:

Combination fire alarm/MNS MNS ACU only Wide-area MNS to regional national alerting interface

Local operating console (LOC) Direct recipient MNS (DRMNS) Wide-area MNS to DRMNS interface

Wide—area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface

Other (specify): \_\_\_\_\_

3.3 System Documentation

O An owner's manual, a copy of the manufacturer's instructions, a written sequence of operation, and a copy of the record drawings are stored on site. Location: \_\_\_\_\_

3.4 System Software

This system does not have alterable site-specific software.

Software revision number: \_\_\_\_\_ Software last updated on: \_\_\_\_\_

C A copy of the site-specific software is stored on site. Location: \_\_\_\_\_

**4. SYSTEM POWER**

4.1 Control Unit

4.1.1 Primary Power

Input voltage of control panel: \_\_\_\_\_ Control panel amps: \_\_\_\_\_

4.1.2 Engine-Driven Generator

This system does not have a generator.

Location of generator: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_ Type of fuel: \_\_\_\_\_

4.1.3 Uninterruptible Power System

This system does not have a UPS.

Equipment powered by a UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

**4. SYSTEM POWER (continued)**

**4.1.4 Batteries**

Location: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal voltage: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.2 In-Building Fire Emergency Voice Alarm Communication System or Mass Notification System**

This system does not have an EVACS or MNS.

**4.2.1 Primary Power**

Input voltage of EVAC or MNS panel: \_\_\_\_\_ EVAC or MNS panel amps: \_\_\_\_\_

**4.2.2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_ Type of fuel: \_\_\_\_\_

**4.2.3 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

**4.2.4 Batteries**

Location: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal voltage: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**4.3 Notification Appliance Power Extender Panels**

This system does not have power extended panels.

**4.5,1 Primary Power**

Input voltage of power extender panel(s): \_\_\_\_\_ Power extender panel amps: \_\_\_\_\_

**4.9,2 Engine-Driven Generator**

This system does not have a generator.

Location of generator: \_\_\_\_\_

Location of fuel storage: \_\_\_\_\_ Type of fuel: \_\_\_\_\_

**4.3,9 Uninterruptible Power System**

This system does not have a UPS.

Equipment powered by a UPS system: \_\_\_\_\_

Location of UPS system: \_\_\_\_\_

Calculated capacity of UPS batteries to drive the system components connected to it:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

**4. SYSTEM POWER(continued)**

4.3.4 Batteries

Location: \_\_\_\_\_ Type: \_\_\_\_\_ Nominal voltage: \_\_\_\_\_ Amp/hour rating: \_\_\_\_\_

Calculated capacity of batteries to drive the system:

In standby mode (hours): \_\_\_\_\_ In alarm mode (minutes): \_\_\_\_\_

Batteries are marked with date of manufacture.

**5. ANNUNCIATORS**

This system does not have annunciators.

5.1 Location and Description of Annunciators

Annunciator 1: \_\_\_\_\_

Annunciator 2: \_\_\_\_\_

Annunciator 3: \_\_\_\_\_

**6. NOTIFICATIONS MADE PRIOR TO TESTING**

Monitoring organization Contact: \_\_\_\_\_ Time: \_\_\_\_\_

Building management Contact: \_\_\_\_\_ Time: \_\_\_\_\_

Building occupants Contact: \_\_\_\_\_ Time: \_\_\_\_\_

Authority having jurisdiction Contact: \_\_\_\_\_ Time: \_\_\_\_\_

Other, if required Contact: \_\_\_\_\_ Time: \_\_\_\_\_

**7. TESTING RESULTS**

**7.1 Control Unit and Related Equipment**

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs			
Fuses			
Trouble signals			
Disconnect switches			
Ground-fault monitoring			
Supervision			
Local annunciator			
Remote annunciators			
Power extender panels			
Isolation modules			
Other (specify)			

## 7. TESTING RESULTS {continued}

### 7.2 Control Unit Power Supplies

Description	Visual Inspection	Functional Test	Comments
120-volt power	<input type="checkbox"/>	<input type="checkbox"/>	
Generator or UPS			
Battery condition			
Load voltage			
Discharge test			
Charger test			
Other (specify)			

### 7.3 In-Building Fire Emergency Voice Alarm Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit			
Lamps/LEDs/LCDs			
Fuses			
Primary power supply			
Secondary power supply			
Trouble signals			
Disconnect switches			
Ground-fault monitoring			
Panel supervision			
System performance			
Sound pressure levels Occupied    Yes    No Ambient _____ dBA Alarm        _____ dBA (attach report with locations, values, and weather conditions)			
System intelligibility CSI        STI (attach report with locations, values, and weather conditions)			
Other (specify)			

## 7. TESTING RESULTS {continued}

### 7.4 Notification Appliance Power Extender Panels

Description	Visual Inspection	Functional Test	Comments
<b>Lamps/LEDs/LCDs</b>			
Fuses			
Primary power supply			
Secondary power supply			
Trouble signals			
Ground-fault monitoring			
Panel supervision			
Other (specify)			

### 7.5 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test			
Reset /power down test			
Fuses			
Primary power supply			
UPS power test			
Trouble signals			
Disconnect switches			
Ground-fault monitoring			
CCU security mechanism			
Prerecorded message content			
Prerecorded message activation			
Software backup performed			
Test backup software			
Fire alarm to MNS interface			
MNS to fire alarm interface			
In-building MNS to wide-area MNS			

7. TESTING RESULTS (continued)

7.5 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
MNS to direct recipient MNS			
Sound pressure levels Occupied Yes No Ambient _____ dBA _____ dBA (attach report with locations, values, and weather conditions)			
System intelligibility CSI S'TI (attach report with locations, values, and weather conditions)			
Other (specify)			

7.6 Two-Way Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets			
Phone jacks			
Off-hook indicator			
Call-in Signal			
System performance			
System audibility			
System intelligibility			
Radio communications enhancement system			
Area of refuge communication system			
Elevator emergency communications system			
Other (specify)			

## 7. TESTING RESULTS (continued)

### 7.7 Combination Systems

Description	Visual Inspection	Functional Test	Comments
Fire extinguishing monitoring devices/system	<input type="checkbox"/>	<input type="checkbox"/>	
Carbon monoxide detector/system	<input type="checkbox"/>	<input type="checkbox"/>	
Combination fire/security system	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

### 7.0 Special Hazard Systems

Description (specify)	Visual Inspection	Functional Test	Comments
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

### 7.9 Emergency Communications System

Visual

Functional

Simulated operation

Ensure predischarge notification appliances of special hazard systems are not overridden by the MNS.

See *NFPA 72*, 24.4. 1.7. 1.

### 7.10 Monitored Systems

Description (specify)	Visual Inspection	Functional Test	Comments
Engine-driven generator	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
Special suppression systems	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	



## 7. TESTING RESULTS (continued)

### 7.11 Auxiliary Functions

Description	Visual Inspection	Functional Test	Comments
Door-releasing devices			
Fan shutdown			
Smoke management / Smoke control			
Smoke damper operation			
smoke shutter release			
Door unlocking			
Elevator recall			
Elevator shunt trip			
MNS override of FA signals			
Other (specify)			

### 7.1.2 Alarm Initiating Device

Device test results sheet attached listing all devices tested and the results of the testing

### 7.13 Supervisory Alarm Initiating Device

Device **test results** sheet attached **listing** all **devices tested** and the results of the testing

### 7.14 Alarm Notification Appliances

Appliance test results sheet attached listing all appliances tested and the results of the testing

### 7.15 Supervisory Station Monitoring

Description	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>		
Trouble restoration	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory restoration	<input type="checkbox"/>	<input type="checkbox"/>		

**8. NOTIFICATIONS THAT TESTING IS COMPLETE**

Monitoring organization	Contact: _____	Time: _____
Building management	Contact: _____	Time: _____
Building occupants	Contact: _____	Time: _____
Authority having jurisdiction	Contact: _____	Time: _____
Other, if required	Contact: _____	Time: _____

**9. SYSTEM RESTORED TO NORMAL OPERATION**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**10. CERTIFICATION**

**10.1 Inspector Certification:**

This system, as specified herein, has been inspected and tested according to all NFPA standards cited herein.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**10.2 Acceptance by Owner or Owner's Representative:**

The undersigned has an inspection contract for this system currently in effect.

Signed: \_\_\_\_\_ Printed name: \_\_\_\_\_  
Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**DEVICE TEST RESULTS**  
(Attach additional sheets if required)

<b>Device Type</b>	<b>Address</b>	<b>Location</b>	<b>Test Results</b>