



FIRE ALARM SYSTEM
Report of Inspection
Spokane Valley Fire Department
Fire Prevention Bureau
2120 N. Wilbur
Spokane Valley, WA 99206
(509) 928-1700

Type of test: annual [] smoke sensitivity []

ALL INSPECTION AND TESTING MUST BE PERFORMED IN ACCORDANCE WITH NFPA 72

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 system: sprinkler monitoring [] manual fire alarm [] voice evac [] other []

2. Area of coverage: _____

3. 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		
3. Control panel							
4. Manual station							
5. Heat detectors							
6. Smoke detectors							
7. Audible alarms							
8. Visual alarms							
9. Code transmitters							
10. Auto. door releases							
11. Trouble indicators							
12. Charger							
13. Generator							
14. Ventilation control							
15. Fire Department interconnection							
16. Central station interconnection							
17. Exterior sprinkler electric alarm bell							
18. Sprinkler water flow switch							
19. Sprinkler gate valve tamper switch							
20. Annunciators							
	System Demand Design		Load Test Description		Amp Hour Available	Load Test Satisfactory	
	Amp Draw In Standby	Amp Draw in Alarm				Yes	No
21. Batteries							

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

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

24. 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 # _____

25. 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: _____