

INSPECTION AND TESTING FORM

DATE: 10/29/03
TIME: _____

SERVICE ORGANIZATION

NAME: Signature Systems
ADDRESS: 150 Wilshire Blvd/Cross.
REPRESENTATIVE: Shawn
LICENSE NO.: _____
TELEPHONE: (407) 644-8990

PROPERTY NAME (USER)

NAME: EO Inn
ADDRESS: 227 N. Fola ave Ok. Fl. 32801
OWNER CONTACT: _____
TELEPHONE: (407) 481-2485

MONITORING ENTITY

CONTACT: _____
TELEPHONE: _____
MONITORING ACCOUNT REF. NO.: _____

APPROVING AGENCY

CONTACT: _____
TELEPHONE: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Priority
- RF
- Other (Specify)

SERVICE

- Weekly
- Monthly
- Quarterly
- Semiannually
- Annually
- Other (Specify)

PANEL MANUFACTURER: SK
CIRCUIT STYLES: _____
NO. OF CIRCUITS: _____
SOFTWARE REV.: _____

MODEL NO.: 5207

LAST DATE SYSTEM HAD ANY SERVICE PERFORMED: _____
LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
4	B
5	B
1	B
1	B
4	B

- MANUAL STATIONS
- ION DETECTORS
- PHOTO DETECTORS
- DUCT DETECTORS
- HEAT DETECTORS
- WATERFLOW SWITCHES
- SUPERVISORY SWITCHES
- OTHER (SPECIFY): _____

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE
11	B
11	B

- BELLS
- HORNS
- CHIMES
- STROBES
- SPEAKERS
- OTHER (SPECIFY): _____

NO. OF ALARM INDICATING CIRCUITS: _____
ARE CIRCUITS SUPERVISED? YES NO

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

QTY OF	CIRCUIT STYLE	
_____	_____	BUILDING TEMP.
_____	_____	SITE WATER TEMP.
_____	_____	SITE WATER LEVEL
_____	_____	FIRE PUMP POWER
_____	_____	FIRE PUMP RUNNING
_____	_____	FIRE PUMP AUTO POSITION
_____	_____	FIRE PUMP OR PUMP CONTROLLER
_____	_____	FIRE PUMP RUNNING
_____	_____	GENERATOR IN AUTO POSITION
_____	_____	GENERATOR OR CONTROLLER TROUBLE
_____	_____	SWITCH TRANSFER
_____	_____	GENERATOR ENGINE RUNNING
_____	_____	OTHER: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

Quantity 4 Style(s) B

SYSTEM POWER SUPPLIES

a. Primary (Main): Nominal Voltage 120v, Amps 20A
 Overcurrent Protection: Type Fuse, Amps 1.5A
 Location (Panel Number): _____
 Disconnecting Means Location: Breaker #20

b. Secondary (Standby):
2 Storage Battery: Amp-Hr. Rating 7
 Calculated capacity to operate system, in hours: _____ 24 _____ 60

Engine-driven generator dedicated to fire alarm system:
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell
- Nickel-Cadmium
- Sealed Lead-Acid
- Lead-Acid
- Other (Specify)

c. Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:

- _____ Emergency system described in NFPA 70, Article 700
- _____ Legally required standby described in NFPA 70, Article 701
- _____ Optional standby system described in NFPA 70, Article 702, which also meets the performance requirements of Article 700 or 701.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
MONITORING ENTITY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING OCCUPANTS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____	_____
BUILDING MANAGEMENT	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
OTHER (SPECIFY)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ (NOTIFIED) OF ANY IMPAIRMENTS	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
INTERFACE EQUIPMENT			
(SPECIFY)	[]	[]	[]
(SPECIFY)	[]	[]	[]
(SPECIFY)	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY)	[]	[]	[]
(SPECIFY)	[]	[]	[]
(SPECIFY)	[]	[]	[]

SPECIAL PROCEDURES:

COMMENTS:

ON/OFF PREMISES MONITORING:	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input checked="" type="checkbox"/>	[]	_____	_____
ALARM RESTORAL	<input checked="" type="checkbox"/>	[]	_____	_____
TROUBLE SIGNAL	<input checked="" type="checkbox"/>	[]	_____	_____
SUPERVISORY SIGNAL	<input checked="" type="checkbox"/>	[]	_____	_____
SUPERVISORY RESTORAL	<input checked="" type="checkbox"/>	[]	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE:	YES	NO	WHO	TIME
BUILDING MANAGEMENT	<input checked="" type="checkbox"/>	[]	_____	_____
MONITORING AGENCY	<input checked="" type="checkbox"/>	[]	_____	_____
BUILDING OCCUPANTS	[]	[]	_____	_____
OTHER (SPECIFY)	[]	[]	_____	_____

THE FOLLOWING DID NOT OPERATE CORRECTLY:

SYSTEM RESTORED TO NORMAL OPERATION: DATE 10/29/03 TIME 10:00

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

NAME OF INSPECTOR: Shawn Ritchie
 DATE: 10/29/03 TIME: _____
 SIGNATURE: _____
 NAME OF OWNER OR REPRESENTATIVE: _____
 DATE: _____ TIME: _____
 SIGNATURE: Z. Boogie

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