



FIRE PROTECTION BUREAU – FIRE AND LIFE SAFETY INSPECTIONS

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FIRE ALARM SYSTEM INSPECTION REPORT

RETAIN COPY ON PREMISES

FACILITY NAME					DATE		
BUILDING NAME OR NUMBER				OCCUPANCY CLASSIFICATION			
ADDRESS							
LOCAL FIRE AUTHORITY							
TEST DESCRIPTION	<input type="checkbox"/> MONTHLY		<input type="checkbox"/> QUARTERLY		<input type="checkbox"/> ANNUALLY		<input type="checkbox"/> CONSTRUCTION ACCEPTANCE
	EQUIPMENT TYPE		NUMBER OF UNITS TESTED	TEST DATE	SATISFACTORY CHECK (YES, NO, N/A)		TYPE AND MANUFACTURER
EQUIPMENT TEST	CONTROL PANELS						
	MANUAL STATIONS						
	HEAT DETECTORS						
	SMOKE DETECTORS						
	AUDIBLE ALARMS						
	SMOKE DETECTOR SENSITIVITY						
	VISUAL ALARMS						
	AUTO DOOR RELEASES						
	TROUBLE INDICATORS						
	MASTER ALARM BOX						
	BATTERIES DATE INSTALLED: _____						
	CHARGER						
	GENERATOR						
	VENTILATION CONTROLS						
	FIRE DEPARTMENT INTERCONNECTION						
	EXTERIOR SPRINKLER ELECTRIC ALARM BELL						
	SPRINKLER WATER FLOW SWITCH						
	SPRINKLER GATE VALVE TAMPER SWITCH						
	ANNUNCIATORS						
	ELEVATOR RECALL						
	DUCT DETECTORS						
	SMOKE/FIRE DAMPERS						
	SPECIAL EGRESS CONTROL DEVICES						
	PHONE JACKS						
TIME TEST TRANSMISSION RECEIVED BY CENTRAL STATION				_____ (TIME)	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
FIRE ALARM SYSTEM LEFT IN SERVICE AT THE COMPLETION OF INSPECTION?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
TIME FIRE ALARM SYSTEM RESET:				_____ (TIME)	<input type="checkbox"/> AM	<input type="checkbox"/> PM	
TEST OF ALARM SYSTEM ON EMERGENCY POWER IS SATISFACTORY?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
COMMENTS	EXPLANATION OF UNSATISFACTORY RESULTS AND CORRECTIVE ACTIONS TAKEN:						
SIGNATURE	THIS IS TO CERTIFY THAT THIS AUTOMATIC FIRE ALARM SYSTEM HAS BEEN INSPECTED IN ACCORDANCE WITH THE INTERNATIONAL FIRE CODE, AS ADOPTED BY THE WASHINGTON STATE FIRE MARSHAL.						
	FIRM NAME				PHONE ( )		
	ADDRESS						
	ELECTRICAL CONTRACTOR'S LICENSE NO.			SPECIALTY ELECTRICIAN'S LICENSE NO.			
	OFFICIAL SIGNATURE OF FIRM						
PROPERTY OWNER/REPRESENTATIVE SIGNATURE							