



OFFICE OF THE FIRE MARSHAL

Village of Sag Harbor
 55 Main St., PO Box 660
 Sag Harbor, N.Y. 11963
 631-725-2804
 631-725-4852 fax
 firemarshal@sagharborNY.gov

FIRE ALARM INSPECTION AND TESTING FORM

SERVICE COMPANY	
NAME	
ADDRESS	
CITY/STATE/ZIP	
REPRESENTATIVE	_____
LICENSE NO.	_____
TELEPHONE	_____
MONITORING COMPANY	
NAME	_____
TELEPHONE	_____
ACCOUNT NO.	_____

CUSTOMER	
NAME	_____
ADDRESS	_____
OWNER CONTACT	_____
TELEPHONE	_____
TODAY'S DATE	_____
START TIME	_____
CONTROL UNIT	
MANUFACTURER	_____
MODEL	_____
LAST SERVICE DATE	_____

DEVICE AND CIRCUIT INFORMATION		
QUANTITY	CLASS	
_____	<input type="checkbox"/> A <input type="checkbox"/> B	MANUAL FIRE ALARM BOXES
_____	<input type="checkbox"/> A <input type="checkbox"/> B	ION DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	PHOTO DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	DUCT DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	HEAT DETECTORS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	WATERFLOW SWITCHES
_____	<input type="checkbox"/> A <input type="checkbox"/> B	BELLS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	HORNS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	STROBES
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPEAKERS
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPRINKLER VALVE SUPERVISORY
_____	<input type="checkbox"/> A <input type="checkbox"/> B	SPRINKLER TAMPER SUPERVISORY
_____	<input type="checkbox"/> A <input type="checkbox"/> B	BUILDING TEMPERATURE SUPERVISORY

OVER ▶

SYSTEM POWER SUPPLY	
DEDICATED CIRCUIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
PANELBOARD AND CIRCUIT DESIGNATION	_____
CIRCUIT NUMBER IS LABELED ON FIRE ALARM CONTROL UNIT	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCONNECTING MEANS IS SECURED	<input type="checkbox"/> YES <input type="checkbox"/> NO
DISCONNECTING MEANS IS CLEARLY LABELED	<input type="checkbox"/> YES <input type="checkbox"/> NO

BATTERIES	
DATE OF BATTERY INSTALLATION OR UNKNOWN+	DATE: _____
CHARGER TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
LOAD VOLTAGE	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
DISCHARGE TEST	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> UNK
BATTERY CONDITION	<input type="checkbox"/> ACCEPTABLE <input type="checkbox"/> UNACCEPTIBLE

SYSTEM TESTS AND INSPECTIONS			
NOTIFICATIONS ARE MADE PRIOR TO ANY TESTING			
MONITORING ENTITY	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	
BUILDING OCCUPANTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	
BUILDING MANAGEMENT	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	
FIRE MARSHAL	<input type="checkbox"/> YES <input type="checkbox"/> NO	TIME: _____	

DEVICE	TEST TYPE	COMMENTS
CONTROL UNIT	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
LAMPS/LEDs	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
TROUBLE SIGNALS	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
AUDIBLE NOTIFICATION DEVICES	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
VISIBLE NOTIFICATION DEVICES	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____
TELEPHONE LINE(s)	<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS			
DEVICE LOCATION	DEVICE TYPE	TEST TYPE	RESULTS
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
		<input type="checkbox"/> VISUAL <input type="checkbox"/> FUNCTIONAL	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

HAVE ANY DEVICES BEEN ADDED OR REMOVED SINCE THE LAST INSPECTION? YES NO
 IS THE FIRE ALARM CONTROL UNIT PROTECTED BY A SMOKE DETECTOR? YES NO
 WAS THE TRANSMISSION OF ALARM EVENTS TO THE MONITORING ENTITY CONFIRMED? YES NO

HAVE THE FOLLOWING BEEN NOTIFIED THAT TESTING IS COMPLETE?
 MONITORING AGENCY YES NO
 BUILDING OCCUPANTS YES NO
 BUILDING MANAGEMENT YES NO
 FIRE MARSHAL YES NO

IS THE SYSTEM FUNCTIONING NORMALLY? YES NO
 IS THE SYSTEM MONITORED? YES NO

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH NFPA 72			
NAME OF INSPECTING TECHNICIAN	_____	NAME OF OWNER OR REPRESENTATIVE	_____
TECHNICIAN'S SIGNATURE	_____	OWNER OR REPRESENTATIVE SIGNATURE	_____
DATE: _____	TIME: _____	DATE: _____	TIME: _____

ATTACH CENTRAL STATION'S LOG OF THE TEST TO THIS REPORT AND RETURN TO:
 SAG HARBOR VILLAGE FIRE MARSHAL, PO BOX 660, SAG HARBOR, NY 11963
 TEL 631-725-2804 FAX 631-725-4852