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## SYSTEM RECORD OF INSPECTION AND TESTING

*This form is to be completed by the system inspection and testing contractor at the time of a system test.*

*It shall be permitted to modify this form as needed to provide a more complete and/or clear record.*

*Insert N/A in all unused lines.*

*Attach additional sheets, data, or calculations as necessary to provide a complete record.*

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_

Supplemental Form(s) Attached: \_\_\_\_\_ (yes/no)

### 1. PROPERTY INFORMATION

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

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

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

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

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

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

### 2. TESTING AND MONITORING INFORMATION

Testing organization: \_\_\_\_\_

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

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

Monitoring organization: \_\_\_\_\_

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

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

Account number: \_\_\_\_\_ Phone line 1: \_\_\_\_\_ Phone line 2: \_\_\_\_\_

Means of transmission: \_\_\_\_\_

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

### 3. DOCUMENTATION

Onsite location of the required record documents and site-specific software: \_\_\_\_\_

### 4. DESCRIPTION OF SYSTEM OR SERVICE

#### 4.1 Control Unit

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

#### 4.2 Software Firmware

Firmware revision number: \_\_\_\_\_

#### 4.3 System Power

##### 4.3.1 Primary (Main) Power

Nominal voltage: \_\_\_\_\_ Amps: \_\_\_\_\_ Location: \_\_\_\_\_

Overcurrent protection type: \_\_\_\_\_ Amps: \_\_\_\_\_ Disconnecting means location: \_\_\_\_\_

FIGURE 7.8.2(g)

System Record of Inspection and Testing. (SIG-TMS)

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## SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

### 4. DESCRIPTION OF SYSTEM OR SERVICE *(continued)*

#### 4.3.2 Secondary Power

Type: \_\_\_\_\_ Location: \_\_\_\_\_

Battery type (if applicable): \_\_\_\_\_

Calculated capacity of batteries to drive the system:

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

### 5. 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: \_\_\_\_\_

### 6. TESTING RESULTS

#### 6.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground-fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	

#### 6.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

FIGURE 7.8.2(g)

*Continued*

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## SYSTEM RECORD OF INSPECTION AND TESTING *(continued)*

### 6. TESTING RESULTS *(continued)*

#### 6.3 Alarm and Supervisory Alarm Initiating Device

Attach supplementary device test sheets for all initiating devices.

#### 6.4 Notification Appliances

Attach supplementary appliance test sheets for all notification appliances.

#### 6.5 Interface Equipment

Attach supplementary interface component test sheets for all interface components.

*Circuit Interface / Signaling Line Circuit Interface / Fire Alarm Control Interface*

#### 6.6 Supervising 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"/>		

#### 6.7 Public Emergency Alarm Reporting System

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"/>		

FIGURE 7.8.2(g)













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## MASS NOTIFICATION SYSTEM SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

*This form is a supplement to the System Record of Inspection and Testing.  
It includes a mass notification system test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.  
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.  
Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_

Number of Supplemental Pages Attached: \_\_\_\_\_

### 1. PROPERTY INFORMATION

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

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

### 2. MASS NOTIFICATION SYSTEM

#### 2.1 System Type

- In-building MNS—combination  
 In-building MNS—stand alone     Wide-area MNS     Distributed recipient MNS  
 Other (specify): \_\_\_\_\_

#### 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. IN-BUILDING MASS NOTIFICATION SYSTEM

#### 3.1 Primary Power

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

#### 3.2 Engine-Driven Generator    This system does not have a generator.

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

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

#### 3.3 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): \_\_\_\_\_

#### 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.

FIGURE 7.8.2(j)

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**MASS NOTIFICATION SYSTEM  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

**4. MASS NOTIFICATION EQUIPMENT TEST RESULTS**

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			
MNS to direct recipient MNS			
Sound pressure levels Occupied <input type="checkbox"/> Yes <input type="checkbox"/> No Ambient dBA: _____ Alarm dBA: _____ (attach supplementary notification appliance form(s) with locations, values, and weather conditions)			
System intelligibility Test method: _____ Score: _____ CIS value: _____ (attach supplementary notification appliance form(s) with locations, values, and weather conditions)			
Other (specify):			

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

FIGURE 7.8.2(j)

Continued

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## EMERGENCY COMMUNICATIONS SYSTEMS SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

*This form is a supplement to the System Record of Inspection and Testing.*

*It includes systems and components specific to emergency communication systems.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.*

*It shall be permitted to modify this form as needed to provide a more complete and/or clear record.*

*Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_

Number of Supplemental Pages Attached: \_\_\_\_\_

### 1. PROPERTY INFORMATION

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

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

### 2. DESCRIPTION OF SYSTEM OR SERVICE

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

Mass notification system

Combination system, with the following components:

Fire alarm     EVACS     MNS     Two-way, in-building, emergency communication system

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

Additional description of system(s): \_\_\_\_\_

#### 2.1 In-Building Fire Emergency Voice Alarm Communication System

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

Number of single voice alarm channels: \_\_\_\_\_ Number of multiple voice alarm channels: \_\_\_\_\_

Number of speakers: \_\_\_\_\_ Number of speaker circuits: \_\_\_\_\_

Location of amplification and sound processing equipment: \_\_\_\_\_

Location of paging microphone stations:

Location 1: \_\_\_\_\_

Location 2: \_\_\_\_\_

Location 3: \_\_\_\_\_

#### 2.2 Mass Notification System

##### 2.2.1 System Type:

In-building MNS—combination

In-building MNS     Wide-area MNS     Distributed recipient MNS

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

FIGURE 7.8.2(k)

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**EMERGENCY COMMUNICATIONS SYSTEMS  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

**2. DESCRIPTION OF SYSTEM OR SERVICE (continued)**

**2.2.2 System Features:**

- Combination fire alarm/MNS     MNS autonomous control unit     Wide-area MNS to regional national alerting interface
- Local operating console (LOC)     Distributed-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): \_\_\_\_\_

**2.2.3 MNS Local Operating Consoles**

Location 1: \_\_\_\_\_  
 Location 2: \_\_\_\_\_  
 Location 3: \_\_\_\_\_

**2.2.4 High-Power Speaker Arrays**

Number of HPSA speaker initiation zones: \_\_\_\_\_  
 Location 1: \_\_\_\_\_  
 Location 2: \_\_\_\_\_  
 Location 3: \_\_\_\_\_

**2.2.5 Mass Notification Devices**

Combination fire alarm/MNS visual devices: \_\_\_\_\_ MNS-only visual devices: \_\_\_\_\_  
 Textual signs: \_\_\_\_\_ Other (describe): \_\_\_\_\_  
 Supervision class: \_\_\_\_\_

**2.2.6 Special Hazard Notification**

- This system does not have special suppression pre-discharge notification
- MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification

**3. TWO-WAY EMERGENCY COMMUNICATION SYSTEMS**

**3.1 Telephone System**

Number of telephone jacks installed: \_\_\_\_\_ Number of warden stations installed: \_\_\_\_\_  
 Number of telephone handsets stored on site: \_\_\_\_\_  
 Type of telephone system installed:     Electrically powered     Sound powered

**3.2 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems**

Number of stations: \_\_\_\_\_ Location of central control point: \_\_\_\_\_  
 Days and hours when central control point is attended: \_\_\_\_\_  
 Location of alternate control point: \_\_\_\_\_  
 Days and hours when alternate control point is attended: \_\_\_\_\_

FIGURE 7.8.2(k)

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## EMERGENCY COMMUNICATIONS SYSTEMS SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)*

### 3. TWO-WAY EMERGENCY COMMUNICATIONS SYSTEMS *(continued)*

#### 3.3 Elevator Emergency Communications Systems

Number of elevators with stations: \_\_\_\_\_ Location of central control point: \_\_\_\_\_

Days and hours when central control point is attended: \_\_\_\_\_

Location of alternate control point: \_\_\_\_\_

Days and hours when alternate control point is attended: \_\_\_\_\_

#### 3.4 Other Two-Way Communication System

Describe: \_\_\_\_\_

### 4. TESTING RESULTS

#### 4.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

#### 4.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

FIGURE 7.8.2(k)

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**EMERGENCY COMMUNICATIONS SYSTEMS  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

**4. TESTING RESULTS (continued)**

**4.4 Mass Notification Equipment (continued)**

Description	Visual Inspection	Functional Test	Comments
Sound pressure levels (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

**4.5 Two-Way Communication Equipment**

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

See main System Record of Inspection and Testing for additional information, certifications, and approvals.

FIGURE 7.8.2(k)

*Continued*



