

INSPECTION AND TESTING FORM

DATE: 2/18/13  
 TIME: 9:00 am

SERVICE ORGANIZATION

Name: E3 Solutions, Inc  
 Address: 410 S. 3rd St, Yakima, WA 98902  
 Representative: Charlie Simmons  
 License No.: SIMMOCS951M9  
 Telephone: (509) 452-0240

PROPERTY NAME (USER)

Name: Damman School  
 Address: 3600 Umptanum Rd, Ellensburg, WA  
 Owner Contact: Marsha Smith  
 Telephone: (509) 929-3269

MONITORING ENTITY

Contact: ACI  
 Telephone: (866) 452-0260  
 Monitoring Account Ref. No.: 84,109

APPROVING AGENCY

Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

TYPE TRANSMISSION

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

SERVICE

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

Control Unit Manufacturer: Ademco  
 Circuit Styles: B, Y  
 Number of Circuits: 2  
 Software Rev.: 2.1  
 Last Date System Had Any Service Performed: N/A  
 Last Date That Any Software or Configuration Was Revised: N/A

Model No.: Vista 50

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested
<u>2</u>	<u>B</u>	<u>2</u>
<u>1</u>	<u>B</u>	<u>1</u>
<u>1</u>	<u>B</u>	<u>1</u>

- Manual Fire Alarm Boxes
- Ion Detectors
- Photo Detectors
- Duct Detectors
- Heat Detectors
- Waterflow Switches
- Supervisory Switches
- Other (Specify): \_\_\_\_\_

Alarm verification feature is disabled  enabled \_\_\_\_\_.

FIGURE 10.6.2.3 Example of an Inspection and Testing Form.

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
<u>2</u>	<u>2Y</u>	<u>2</u>	Bells
_____	_____	_____	Horns
_____	_____	_____	Chimes
_____	_____	_____	Strobes
_____	_____	_____	Speakers
_____	_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: 1

Are circuits monitored for integrity?  Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
_____	_____	_____	Building Temp.
_____	_____	_____	Site Water Temp.
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	Fire Pump Running
_____	_____	_____	Generator in Auto Position
_____	_____	_____	Generator or Controller Trouble
_____	_____	_____	Switch Transfer
_____	_____	_____	Generator Engine Running
_____	_____	_____	Other: _____

**SIGNALING LINE CIRCUITS**

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):

Quantity \_\_\_\_\_ Style(s) \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

(a) Primary (Main): Nominal Voltage 120VAC 16.5VAC Amps 20 40VA  
 Overcurrent Protection: Type BREAKER FUSE Amps 20 40VA  
 Location (of Primary Supply Panelboard): \_\_\_\_\_  
 Disconnecting Means Location: IN BOX ABOVE FIRE PANEL

(b) Secondary (Standby):  
Lead ACID Storage Battery: Amp-Hr Rating 8  
 Calculated capacity in \_\_\_\_\_ Amp-Hrs to operate system for \_\_\_\_\_ hours  
 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

FIGURE 10.6.2.3 Continued

PRIOR TO ANY TESTING				
NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>WEB</u>	<u>9:15</u>
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Marsha</u>	<u>9:15</u>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

  

SYSTEM TESTS AND INSPECTIONS			
TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" 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"/>	_____

  

SECONDARY POWER			
TYPE	Visual	Functional	Comments
Battery Condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	_____
Load Voltage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Discharge Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Charger Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Specific Gravity	<input type="checkbox"/>	<input type="checkbox"/>	_____

  

TRANSIENT SUPPRESSORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
NOTIFICATION APPLIANCES	<input type="checkbox"/>	<input type="checkbox"/>	_____
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity	<input type="checkbox"/>	<input type="checkbox"/>	_____

  

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS							
Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
<u>N. PULL</u>	<u>PULL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>S. PULL</u>	<u>PULL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
<u>N. Class Smoke photo</u>	<u>photo</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FIGURE 10.6.2.3 Continued

EMERGENCY COMMUNICATIONS EQUIPMENT	Visual	Functional	Comments	
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>		
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>		
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>		
Call-in Signal	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

  

COMBINATION SYSTEMS	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

INTERFACE EQUIPMENT	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

SPECIAL HAZARD SYSTEMS	Visual	Device Operation	Simulated Operation
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: \_\_\_\_\_

Comments: \_\_\_\_\_

  

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:17 am	
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:17 am	
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:20 am	
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	9:20 am	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

  

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Marsha	10:00
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACT	10:00
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly: \_\_\_\_\_

System restored to normal operation: Date: \_\_\_\_\_ Time: \_\_\_\_\_

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS.

Name of Inspector: Charlie Simmons Date: 2/18/13 Time: 10:00am

Signature: Charlie Simmons

Name of Owner or Representative: Marsha Smith Supt Date: 2/18/13 Time: 10:10am

Signature: Marsha Smith

FIGURE 10.6.2.3 Continued