

Thurston County Development Services

FIRE ALARM REPORT OF INSPECTION TESTING & MAINTENANCE

Date of Inspection: _____ Technician: (*print*) _____

Fire Alarm Company: _____ Telephone: _____

Occupancy Name: _____

Occupancy Contact: _____ Telephone: _____

Occupancy Address: _____ City: _____

Central Station: _____ Acct. # _____

Alarm Panel Make: _____ Model #: _____

System # _____.

Results satisfactory. No corrections noted at the time of inspection.

COMMENTS, EXPLANATION OF UNSATISFACTORY RESULTS, ACTION TAKEN, ETC.:

CORRECTIONS/REPAIRS PERFORMED:

DATE OF CORRECTIONS: _____ WORK ORDER #: _____

Mail To: Thurston County Fire Marshals Office
Building #1
2000 Lakeridge Drive SW
Olympia, WA 98502-6045

EQUIPMENT TESTED

TYPE OF EQUIPMENT	# OF UNITS	MANUFACTURE	MODEL	SATISFACTORY CHECK		
				YES	NO	N/A
1. CONTROL PANEL						
2. MANUAL STATION						
3. HEAT DETECTORS						
4. SMOKE DETECTORS						
5. AUDIBLE DEVICES						
6. VISUAL DEVICES						
7. DOOR RELEASE						
8. TROUBLE INDICATORS						
9. BATTERIES						
10. CHARGER						
11. GENERATOR						
12. VENTILATION CONTROL						
13. CENTRAL STATION TRANSMITTER						
14. SPRINKLER WATER FLOW SWITCH						
15. SPRINKLER GATE VALVE SUPERVISORY SWITCH						
16. ANNUNCIATORS						
17. ELEVATORS						
18. QUICK-RELEASE DEVICES						
19. OTHER						

This is to certify that this fire alarm system has been properly inspected for reliability covering the items listed in this report and is consistent with NFPA Fire Alarm Maintenance Standards.

Fire Alarm Technician (signature) _____ Date: _____

License Number & Company _____

Owner Representative (signature) _____ Date: _____

Owner Representative (print) _____