



BELLEVUE FIRE DEPARTMENT

Fire Prevention Division

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FIRE ALARM SYSTEM

TEST REPORT

Maintenance

Confidence Testing

SYSTEM _____ OF _____

ADDRESS										TIME IN:		
NAME OF FACILITY										TIME OUT:		
TYPE OF TEST: MONTHLY ☐		SEMI ANNUAL ☐		ANNUAL ☐		QUARTERLY ☐		ACCEPTANCE ☐		DATE INSPECTED:		
VOLTAGE: BATTERY VOLTS			CHARGE CIRCUIT VOLTS			BATTERY VOLTAGE UNDER FULL LOAD			VOLTS			
ITEM	YES	NO	N/A	ITEM	YES	NO	N/A	ITEM	YES	NO	N/A	
TROUBLE SIGNAL AC POWER OFF	☐	☐	☐	CIRCUITS CHECKED FOR ELECTRICAL SUPERVISION	☐	☐	☐	GROUND FAULT EXISTS ON SYSTEM?	☐	☐	☐	
SYSTEM OPERATES ON STANDBY POWER	☐	☐	☐	CONTROL PANEL CHECKED PER NFPA & MFGS INST.	☐	☐	☐	SYSTEM WIRING CONFORMS TO NEC STANDARDS	☐	☐	☐	
SIGNALS OPERATE ON AC POWER	☐	☐	☐	AUXILIARY EQIP. OPERATES (ELEV / FANS / DAMPERS)	☐	☐	☐	KEY TO PANEL AVAILABLE	☐	☐	☐	
SIGNALS OPERATE ON STANDBY POWER	☐	☐	☐	CENTRAL STATION OR REMOTE CONNECTION	☐	☐	☐	OPERATING INSTRUCTIONS AT PANEL	☐	☐	☐	
PANEL MFG.		MODEL:				NO INIAT. ZONES:			NO SIGNAL ZONES:			
TYPE OF EQUIPMENT	NO. OF UNITS		SATISFACTORY			TYPE OF EQUIPMENT	NO. OF UNITS		SATISFACTORY			
	IN BLDG	TESTED	YES	NO	N/A		IN BLDG	TESTED	YES	NO	N/A	
BELLS, HORNS, CHIMES, VOICE ALARM, SPEAKERS			☐	☐	☐	DUCT DETECTORS			☐	☐	☐	
VISUAL ALARM DEVICES			☐	☐	☐	SPECIAL EXTINGUISHING SYSTEM			☐	☐	☐	
TROUBLE INDICATORS			☐	☐	☐	ANNUNCIATORS			☐	☐	☐	
HEAT DETECTORS			☐	☐	☐	ELEVATOR RECALL			☐	☐	☐	
WATER FLOW SWITCHES			☐	☐	☐	PHONE JACKS (FFTs)			☐	☐	☐	
AUTO FIRE SPRINKLER SUPERVISORY SWITCHES			☐	☐	☐	FIRE & SMOKE DAMPERS			☐	☐	☐	
SMOKE DETECTORS			☐	☐	☐	DOOR RELEASE DEVICES			☐	☐	☐	
MANUAL PULL STATIONS			☐	☐	☐	AUTO DOOR UNLOCKS (FAILSAFE)			☐	☐	☐	
GENERATOR STARTS			☐	☐	☐	AUTO DOOR RELEASE (FAILSAFE)			☐	☐	☐	
VENTILATION CONTROLS OPERATE			☐	☐	☐	OTHER			☐	☐	☐	
NO. OF SMOKE DETECTOR CALIBRATION CHECKS PERFORMED					LOOP RESISTANCE PER ZONE WITH SHORT AT LAST DEVICE TAKEN					Y ☐	N ☐	
NO. OF SMOKE DETECTORS CLEANED					IF QUARTERLY—ZONES OR FLOORS TESTED							
PROBLEMS FOUND / CORRECTIONS MADE:												
TESTING AGENT - PRINT NAME :						SIGNATURE :						