



NMSU FIRE DEPARTMENT SYSTEM RECORD OF INSPECTION AND TESTING



PROPERTY INFORMATION

Name of property: _____

Address: _____

Description of Property:

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

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: _____

DOCUMENTATION

On-site location of the required record documents and site-specific software:

Control Unit Manufacturer: _____ Model Number: _____

Software and Firmware: _____ Firmware revision number: _____

Primary Power: _____ Nominal voltage: _____

Input voltage of control panel: _____ Control panel amps: _____

Overcurrent protection: _____ Type: _____

Location (of primary supply panel-board): _____

Disconnecting means location: _____

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

Attach additional sheets, data, or calculations as necessary to provide a complete record. Number of Supplemental Form(s) Attached: _____

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____