

INSPECTION AND TESTING FORM

Job Number _____

DATE: 8-18-2020

TIME: _____

SERVICE ORGANIZATION

Name: DC Life Safety
Address: 3421 14th St NW
Representative: Thomas Young
License No.: _____
Telephone: _____

PROPERTY NAME (USER)

Name: Peabody EIC
Address: 425 C St NE
Owner Contact: _____
Telephone: _____

MONITORING ENTITY

Contact: Central
Telephone: _____

APPROVING AGENCY

Contact: DGS
Telephone: _____

MONITORING ACCOUNT REF. NO.: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Reverse Polarity
- RF
- Other (Specify)

SERVICE

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

Control Unit Manufacturer: Fire Lite
Circuit Styles: B B
Number of Circuits: B 2
Software Rev.: _____

Model No.: MS-9200UDLS

Last Date System Had Any Service Performed: _____

LAST DATE THAT ANY SOFTWARE OR CONFIGURATION WAS REVISED: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested
<u>15</u>	<u>B</u>	<u>15</u>
<u>5</u>	<u>B</u>	<u>5</u>
<u>11</u>	<u>B</u>	<u>11</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 _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested
<u>75+</u>	<u>B</u>	<u>75+</u>
<u>75+</u>	<u>B</u>	<u>75+</u>

- BELLS
- HORNS/STROBES
- CHIMES
- STROBES
- SPEAKERS
- OTHER (SPECIFY): _____

No. of alarm notification appliance circuits: _____

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 Temperature
_____	_____	_____	Site Water Temperature
_____	_____	_____	Site Water Level
_____	_____	_____	Fire Pump Power
_____	_____	_____	Fire Pump Running
_____	_____	_____	Fire Pump Auto Position
_____	_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	_____	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 2 Style(s) B

SYSTEM POWER SUPPLIES

- a. Primary (Main): Nominal Voltage 120 VAC, Amps _____
 Overcurrent Protection: Type _____, Amps _____
 Location (of Primary Supply Panelboard): Utility Room 003C
 Disconnecting Means Location: Utility Room 003C
- b. Secondary (Standby):
(2) 12VDC Storage Battery: Amp-Hr. Rating 7Ahr
 Calculated capacity to operate system for 24 hours
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

- Dry Cell Lead-Acid
- Nickel-Cadmium Other (Specify):
- Sealed Lead-Acid

- 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.

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE:	YES	NO	WHO	TIME
Monitoring Entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Central</u>	_____
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>STAFF</u>	_____
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>STAFF</u>	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

PEARBODY

SYSTEM TESTS AND INSPECTIONS

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lamps/LEDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Primary Power Supply	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Trouble Signals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Disconnect Switches	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Ground Fault Monitoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

SECONDARY POWER

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Battery Condition	<input checked="" type="checkbox"/>		
Load Voltage		<input checked="" type="checkbox"/>	
Discharge Test		<input checked="" type="checkbox"/>	
Charger Test		<input checked="" type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	

TRANSIENT SUPPRESSORS

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

TYPE	VISUAL	FUNCTIONAL	COMMENTS
Audible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Visual	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Voice Clarity		<input type="checkbox"/>	

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

LOC. & S/N	DEVICE TYPE	VISUAL CHECK	FUNCTIONAL TEST	FACTORY SETTING	MEAS. SETTING	PASS	FAIL
4th	Tamper flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
3rd	PS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
2nd	PS/Tamper flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
1st	PS/Tamper flow	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
LL	PS/Tamper flow/SD	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

COMMENTS: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	VISUAL	FUNCTIONAL	COMMENTS
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Tone Generators(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

DEARBORN

	VISUAL	DEVICE OPERATION	SIMULATED OPERATION
COMBINATION SYSTEMS			
Fire Extinguisher Monitoring Device/System	[]	[]	[]
Carbon Monoxide Detector/System	[]	[]	[]
(Specify) _____	[]	[]	[]
INTERFACE EQUIPMENT			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
SPECIAL HAZARD SYSTEMS			
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
(SPECIFY) _____	[]	[]	[]
Special Procedures: _____			

Comments: _____

SUPERVISING STATION MONITORING:	YES	NO	TIME	COMMENTS
Alarm Signal	<input checked="" type="checkbox"/>	[]	_____	_____
Alarm Restoration	<input checked="" type="checkbox"/>	[]	_____	_____
Trouble Signal	<input checked="" type="checkbox"/>	[]	_____	_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	[]	_____	_____
Supervisory Signal	<input checked="" type="checkbox"/>	[]	_____	_____
Supervisory Restoration	<input checked="" type="checkbox"/>	[]	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE:	YES	NO	WHO	TIME
Building Management	<input checked="" type="checkbox"/>	[]	STAFF	_____
Monitoring Agency	<input checked="" type="checkbox"/>	[]	Central	_____
Building Occupants	<input checked="" type="checkbox"/>	[]	STAFF	_____
Other (Specify)	[]	[]	_____	_____

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: D. Perkins, E. Kumi

Date: 8-18-2020 Time: _____

Signature: E. Kumi

Name of Owner or Representative: _____

Date: 8/18/20 Time: _____

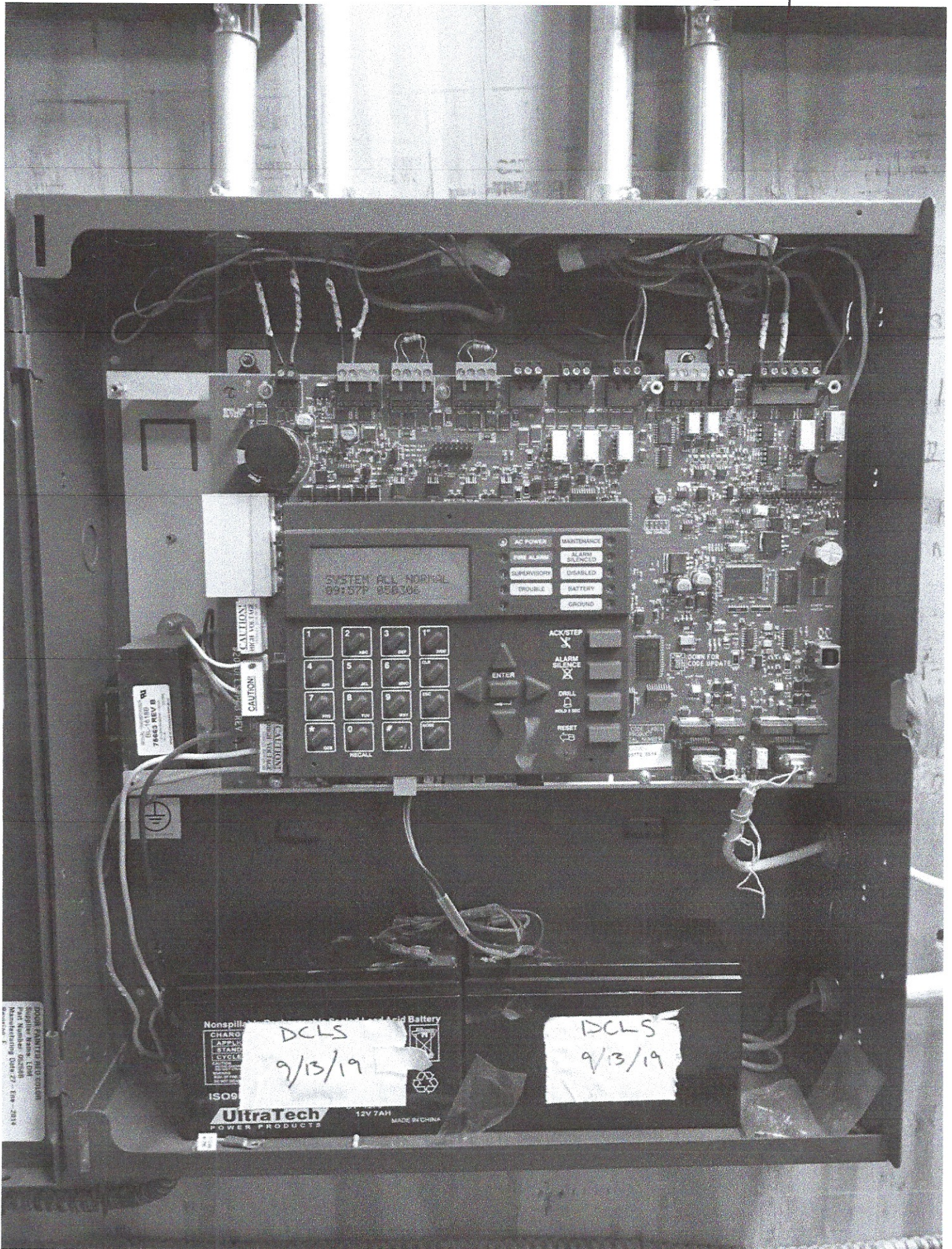
Signature: R. Hodson

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Peabody E/c

4th	Stair 1	Tamper	Storage Sprinkler Room	Tamper
	ELEVATOR Lobby	Flow SD		Tamper
3rd flr				Flow
	Stair 1	Tamper Flow	Elevator Lobby	SD
3rd		PS	ELECTRICAL Room	SD
	Stair 2	PS	FACP	
2nd	Stair 2	PS		
	Elevator Lobby	SD		
	Stair 1	PS		
		Tamper Flow		
1st flr	Stair 1	Tamper Flow		
		PS		
	ELEVATOR Lobby	SD		
	CLASS	PS		
	Stair 2	PS		
	C St ENT	PS		
	Rm 106	PS		
	Playground EXIT	PS		
L	Stair 2	PS PS		
	LUNCH RM	PS		
	Stair 1 EXIT	PS		
		PS		

Peabody



SYSTEM ALL NORMAL
09:57 058306

1 2 3 4
5 6 7 8
9 0
RECALL

AD POWER MAINTENANCE
FIRE ALARM ALARM SILENCED
SUPERVISORY DISABLED
TROUBLE BATTERY
GROUND

ACK/STEP
ALARM SILENCE
DRILL
HOLD 3 SEC
RESET

ENTER

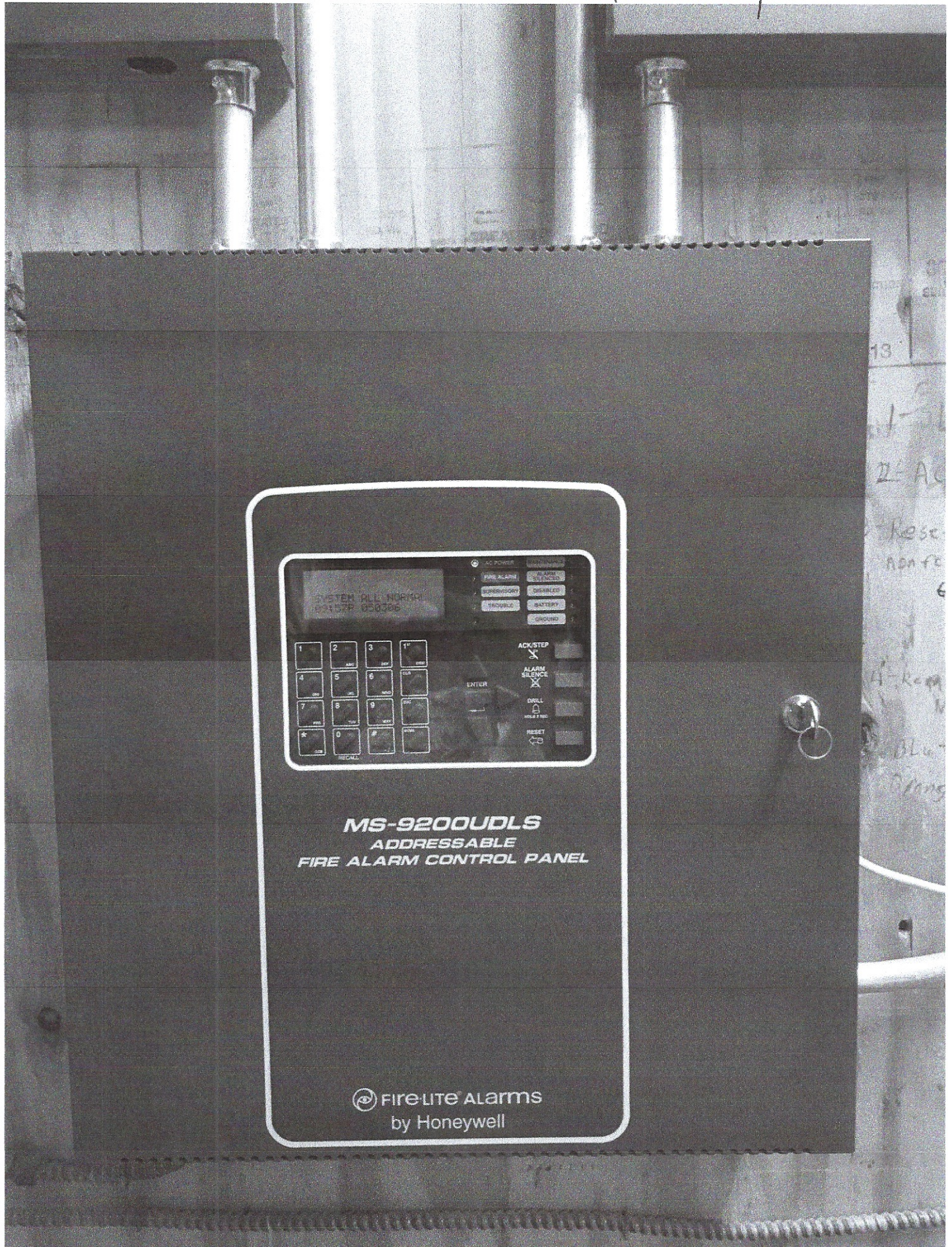
Nonspillable Sealed Lead Acid Battery
CHARGE
APPLY
STANDARD
CYCLE
ISO9001
UltraTech
POWER PRODUCTS
12V 7AH
MADE IN CHINA

DCLS
9/13/19

DCLS
9/13/19

DO NOT PAINT THE FRONT OF CONTROL
Panel Number: 052588
Manufacturing Date: 27 - Era - 2814

Peabody



AC POWER BATTERY CHARGE

FIRE ALARM ALARM SILENCE

SUPERVISION DISARMED

TROUBLE BATTERY

GROUND

1 2 3 1*

4 5 6

7 8 9

* 0 #

ENTER


ACK/STEP

ALARM SILENCE

OVLL

RESET

MS-9200UDLS
ADDRESSABLE
FIRE ALARM CONTROL PANEL

 **FIRE LITE ALARMS**
by Honeywell