PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	❑	❑	_____	_____
Building Occupants	❑	❑	_____	_____
Building Management	❑	❑	_____	_____
Other (Specify)	❑	❑	_____	_____
AHJ (Notified) of Any Impairments	❑	❑	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE	Visible	Functional	Comments
Control Unit	❑	❑	_____
Interface Eq.	❑	❑	_____
Lamps/LEDS	❑	❑	_____
Fuses	❑	❑	_____
Primary Power Supply	❑	❑	_____
Trouble Signals	❑	❑	_____
Disconnect Switches	❑	❑	_____
Ground-Fault Monitoring	❑	❑	_____
SECONDARY POWER			
TYPE	**Visible**	**Functional**	**Comments**
Battery Condition	❑		_____
Load Voltage		❑	_____
Discharge Test		❑	_____
Charger Test		❑	_____
Specific Gravity		❑	_____
TRANSIENT SUPPRESSORS	❑		_____
REMOTE ANNUNCIATORS	❑	❑	_____
NOTIFICATION APPLIANCES			
Audible	❑	❑	_____
Visual	❑	❑	_____
Speakers	❑	❑	_____
Voice Clarity		❑	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Meas. Setting	Pass	Fail
_____	_____	❑	❑	_____	_____	❑	❑
_____	_____	❑	❑	_____	_____	❑	❑
_____	_____	❑	❑	_____	_____	❑	❑
_____	_____	❑	❑	_____	_____	❑	❑
_____	_____	❑	❑	_____	_____	❑	❑
_____	_____	❑	❑	_____	_____	❑	❑

Comments: _____

_____

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