



Amesbury Fire Department

Serving Amesbury Since 1668

Fire Alarm Test Report

17 School Street
Amesbury, MA 01913
T 978.388.1333
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Glenn A. Fournier,
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Property/ Location: _____

Panel

Manufacturer: _____ Model #: _____

Number of Zones: _____ Zones Tested: _____ Zones Failed: _____

Smoke Detectors

	Total	#Cleaned	#Tested	#Failed	Sensitivity Test
System smokes:	_____	_____	_____	_____	_____
110 vac smokes:	_____	_____	_____	_____	_____
Duct smokes:	_____	_____	_____	_____	_____
Beam smokes:	_____	_____	_____	_____	_____

Heat Detectors

	Total	#Tested	#Failed	Year Installed
Rate of Rise:	_____	_____	_____	_____
Rate anticipated:	_____	_____	_____	_____
Fixed temp. restorable:	_____	_____	_____	_____
Fixed temp. non-restorable:	_____	_____	_____	_____

Pull Stations

Total: _____ #Tested: _____ #Failed: _____

Heat Detectors

	Total inside	Outside	#Tested	#Failed
Horn / Lights:	_____	_____	_____	_____
Horn / Strobes:	_____	_____	_____	_____
Strobes:	_____	_____	_____	_____
Speakers:	_____	_____	_____	_____
Beacons:	_____	_____	_____	_____

Heat Detectors

	Total	#Tested		#Tested
Fire doors:	_____	_____	HVAC shut down:	_____
Bed shakers:	_____	_____	Elevator shut down:	_____
Remote annun.:	_____	_____	Ansul system:	_____
Fire drill switch:	_____	_____	(micro switch only)	

Batteries

Date Installed: _____ Load Tested: _____ Good / Marginal / Failed
Devices tested on battery: _____ Replaced: _____

Alarm Signal

Master Box: Electronic / Gamewell / na Box #: _____
Digital Communicator: Account #: _____
Tested to Fire Headquarters: All Zones: yes / no / na

Supervision

Annunciator Supervision: ok / na Master Box Supervision: ok / na
Disconnect switch: ok / na Zone supervision:
Notification circuit: Trouble Signal and lights:
A/C Supervised: Circuit Breaker: Marked / Locked

Sprinkler Zones

Sprinkler system in building: Connected to fire alarm:
Number of sprinkler flow switches: _____ Number Tested: _____
Number of sprinkler pressure switches: _____ Number Tested: _____
Number of sprinkler supervisory switches: _____ Number Tested: _____

List Problems or Repairs

Tested by: _____ (Print Name) _____ Tech License #: _____ Date _____
Signature: _____ Company Name & License # _____