

INSPECTION AND TESTING FORM

Date: 06.22.2022

Time: 1044

SERVICE ORGANIZATION

Name: SHUFRO SECURITY CO INC
Address: 1231 WASHINGTON ST NEWTON MA 02465
Representative: RICHARD DISTEFANO
License No.: 1523C
Telephone: 617-244-3355

MONITORING ENTITY

Contact: SHERBORN FIRE DEPARTMENT
Telephone: 1-508-653-3270
Monitoring Account Ref. No.:

TYPE TRANSMISSION

McCulloh Multiplex Digital
 Reverse Priority RF
 Other (Specify) CELL RADIO COMMUNICATOR

Control Unit Manufacturer: FIRELITE
Model No.: 200X

Circuit Styles:

Number of Circuits:

Software Rev.:

Last Date System Had Any Service Performed: 06.22.2022

Last Date That Any Software or Configuration Was Revised:

PROPERTY NAME (USER)

Name: NEWMAN & KORNBLITH BARN
Address: 16 NASON HILL LANE SHERBORN MA 01770
Owner Contact: MIKE NEWMAN
Telephone: 1-617-821-4608

APPROVING AGENCY

Contact:

Telephone:

SERVICE

Weekly Monthly Quarterly
 Semiannually Annually
 Other (Specify)

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity of Devices Installed	Circuit Style	Quantity of Devices Tested	
6		6	Manual Fire Alarm Boxes
			Ion Detectors
4		4	Photo Detectors
			Duct Detectors
12		12	Heat Detectors
			Waterflow Switches
			Supervisory Switches
2		2	Other (Specify): CARBON MONOXIDE DETECTORS

Alarm verification feature is disabled enabled

NFPA 72, Figure 10.6.2.3 (p. 1 of 6)

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
1		1	Bells
			Horns
			Chimes
1		1	Strobes
			Speakers
10		10	Other (Specify): HORN/STROBE COMBINATION UNITS

No. of alarm notification appliance circuits: 4

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 Temp.
			Site Water Temp.
			Site Water Level
			Fire Pump Power
			Fire Pump Running
			Fire Pump Auto Position
			Fire Pump or Pump Controller Trouble
			Fire Pump Running
			Generator in Auto Position
			Generator or Controller Trouble
			Switch Transfer
			Generator Engine Running
			Other (Specify):

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72[®], Table 6.6.1):

Quantity 1 Style(s)

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 12 Amps 7AMP

Overcurrent Protection: Type Amps

Location (of Primary Supply Panelboard): FACP

Disconnecting Means Location:

(b) Secondary (Standby):

Storage Battery: Amp-Hr Rating

Calculated capacity in _____ Amp-Hrs to operate system for _____ 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"/>	INSTANT SIGNAL AND ALARM	1000
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIKE NEWMAN	1000
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>		

SYSTEM TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input 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 type="checkbox"/>	
Discharge Test		<input type="checkbox"/>	
Charger Test		<input type="checkbox"/>	
Specific Gravity		<input type="checkbox"/>	
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
NOTIFICATION APPLIANCES			
Audible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Visible	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Speakers	<input type="checkbox"/>	<input 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	Measured Setting	Pass	Fail
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>			<input 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 Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	

	Visual	Device Operation	Simulated Operation
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COMBINATION SYSTEMS

Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures:

Comments:

SPRINKLER SYSTEM TO BE TESTED BY OTHERS

SUPERVISING STATION MONITORING	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1044	START TEST
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1200	TEST COMPLETE
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>		
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>		

NOTIFICATIONS THAT TESTING IS COMPLETE	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>		
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	INSTANT SIGNAL & ALARM	1200
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	MIKE NEWMAN	1200
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation:

Date: 06.22.22

Time: 1200

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: RICHARD DISTEFANO

Date: 06.22.22

Time: 1200

Signature:



Name of Owner or Representative:

Date:

Time:

Signature: