

## INSPECTION AND TESTING FORM

Date: 10/9/23

Time: 12:35PM

**SERVICE ORGANIZATION**

Name: ADVANTAGE SYSTEMS GROUP  
 Address: 1216 OGDEN AVENUE  
 Representative SCOTT EASTMAN  
 License No.: TS00268  
 Telephone: (715) 394-5509

**PROPERTY NAME (USER)**

Name: DTA-TRANSIT CENTER EAST  
 Address: 214 W SUPERIOR ST  
 City, ST / Zip: DULUTH, MN 55802  
 Owner Contact: JUSTIN ARNOLD  
 Telephone: 218-623-4306

**MONITORING ENTITY**

Contact: ALARM COMMUNICATION SYSTEMS  
 Telephone: 651-451-9925  
 Monitoring Account Ref: \_\_\_\_\_

**APPROVING AGENCY**

Contact: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

**TYPE OF TRANSMISSION**

McCulloh  
 Multiplex  
 Digital  
 Reverse Priority  
 RF  
 Other (specify) \_\_\_\_\_

**SERVICE**

Weekly  
 Monthly  
 Quarterly  
 Semiannually  
 Annually  
 Other

Control Unit Manuf.: EDWARDS

Model No.: \_\_\_\_\_

Circuit Styles: \_\_\_\_\_

No. of Circuits: \_\_\_\_\_

Software Rev.: \_\_\_\_\_

Last date system had any service performed: \_\_\_\_\_

N/A

Last date that any software or configuration was revised: \_\_\_\_\_

N/A

**ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity	Circuit Style	Quantity Tested
<u>13</u>	<u>B 1</u>	<u>11</u>
<u>5</u>	<u>B 1</u>	<u>2</u>

Manual Fire Alarm Boxes  
 Ion Detectors  
 Photo Detectors

5	B 1	5	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
			Other (specify) _____

Alarm verification feature is: Disabled  Enabled

**ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION**

Quantity	Circuit Style	Quantity Tested	
9	B W	9	Bells
			Horns
			Chimes
			Strobes
			Speakers
1	B W	1	Horn/Strobe
			Piezzo
			Other (specify) _____

No. of alarm notification appliance circuits: \_\_\_\_\_

Are circuits monitored for integrity? Yes  No

**SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION**

Quantity	Circuit Style	Quantity 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 (specify) _____

**SIGNALING LINE CIRCUITS**

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

Quantity: \_\_\_\_\_ Styles: \_\_\_\_\_

**SYSTEM POWER SUPPLIES**

**(a) Primary (Main)**      Nominal Voltage: \_\_\_\_\_ Amps: \_\_\_\_\_  
 Type: \_\_\_\_\_ Amps: \_\_\_\_\_  
 Location of primary supply panelboard: \_\_\_\_\_  
 Disconnecting means location: \_\_\_\_\_

**(b) Secondary (standby)**

\_\_\_\_\_ Storage Battery      Amp-Hr Rating: \_\_\_\_\_  
 Calculated capacity to operate system, in hours: 24  
 \_\_\_\_\_ Engine-driven generator dedicated to fire alarm system  
 Location of fuel storage: \_\_\_\_\_

**Battery Type**

- \_\_\_\_\_ Dry Cell
- \_\_\_\_\_ Nickel-Cadmium
- X  Sealed Lead-Acid
- \_\_\_\_\_ Lead-Acid
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

**(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**

<b>Notifications are made</b>	<b>Yes</b>	<b>No</b>	<b>Who</b>	<b>Time</b>
Monitoring Entity	<u> X </u>	_____	_____	<u>12:35PM</u>
Building Occupants	<u> X </u>	_____	<u>ON SITE</u>	<u>12:35PM</u>
Building Management	_____	_____	_____	_____
Other (specify)	_____	_____	_____	_____
AHJ Notified of any impairments	_____	_____	_____	_____

**SYSTEM TESTS AND INSPECTIONS**

Type	Visual	Functional	Comments
Control Unit	<u>X</u>	<u>X</u>	_____
Interface Equipment	<u>X</u>	<u>X</u>	_____
Lamps/LEDs	<u>X</u>	<u>X</u>	_____
Fuses	<u>X</u>	<u>X</u>	_____
Primary Power Supply	<u>X</u>	<u>X</u>	_____
Trouble Signals	<u>X</u>	<u>X</u>	_____
Disconnect Switches	<u>X</u>	<u>X</u>	_____
Ground-Fault Monitoring	<u>X</u>	<u>X</u>	_____

**SECONDARY POWER**

Type	Visual	Functional	Comments
Battery Condition	<u>X</u>	<u>X</u>	_____
Load Voltage	_____	<u>X</u>	_____
Discharge Test	_____	<u>X</u>	_____
Charger Test	_____	<u>X</u>	_____
Specific Gravity	_____	_____	_____
Transient Suppressors	<u>X</u>	_____	_____
Remote Annunciators	<u>X</u>	<u>X</u>	_____

**NOTIFICATION APPLIANCES**

Type	Visual	Functional	Comments
Audible	<u>X</u>	<u>X</u>	_____
Visible	<u>X</u>	<u>X</u>	_____
Speakers	_____	_____	_____
Voice Clarity	_____	_____	_____

**INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS**

Location & Ser. No	Device Type	Visual Check	Functional Test	Factory Settings	Measured Settings	Pass	Fail
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Comments: SEE SCHEDULE A

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY COMMUNICATIONS EQUIPMENT**

Type	Visual	Functional	Comments
Phone Set	_____	_____	_____
Phone Jacks	_____	_____	_____
Off-Hook Indicator	_____	_____	_____
Amplifier(s)	_____	_____	_____
Tone Generator(s)	_____	_____	_____
Call-in Signal	_____	_____	_____
System Performance	_____	_____	_____

**INTERFACE EQUIPMENT**

Type (specify)	Visual	Device Operation	Simulated Operation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**SPECIAL HAZARD SYSTEMS**

Type (specify)	Visual	Device Operation	Simulated Operation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Special Procedures: \_\_\_\_\_

\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

**SUPERVISING STATION MONITORING**

Signal	Yes	No	Time	Comments
Alarm Signal	X		1:35PM	
Alarm Restoration	X		1:35PM	
Trouble Signal	X		1:35PM	
Supervisory Signal	X		1:35PM	
Supervisory Restoration	X		1:35PM	

**NOTIFICATIONS THAT TESTING IS COMPLETE**

Signal	Yes	No	Time	Comments
Building Management	X		1:35PM	
Monitoring Entity	X		1:35PM	
Building Occupants	X		1:35PM	
Other (specify) _____				

The following did not operate correctly: DEFECTS, IF ANY, LISTED ON SCHEDULE A

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

System restored to normal operation: \_\_\_\_\_ Date: 10/9/23 Time: 1:35PM

This testing was performed in accordance with applicable NFPA standards.

Name of Inspector: JIM D Date: 10/9/23 Time: 1:35PM

Signature: 

Name of Owner/Rep: \_\_\_\_\_ Date: 10/9/23 Time: 1:35PM

Signature: \_\_\_\_\_