

Fire Protection Inspection

Conduct fire inspections quickly and easily with Fulcrum's Fire Inspection app. Document issues and hazards with photos, videos, GPS points, and annotations. Find the digital version of this form and more at <https://www.fulcrumapp.com/apps/fire-protection-inspection>.

Property Name

Name _____

Address Street Address _____

City, State, Zip _____

Contact _____

Telephone Number _____

Systems Tests and Inspections

TYPE

▶ **Types Tested/Inspected (Check all that were tested/inspected)**

Choose all that apply.

- | | |
|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Control unit | <input type="checkbox"/> Primary power supply |
| <input type="checkbox"/> Interface equipment | <input type="checkbox"/> Trouble signals |
| <input type="checkbox"/> Lamps/LEDs | <input type="checkbox"/> Disconnect switches |
| <input type="checkbox"/> Fuses | <input type="checkbox"/> Ground-fault monitoring |

CONTROL UNIT

Test/Inspection Visual Functional
Choose all that apply.

Comments _____

INTERFACE EQUIPMENT

Test/Inspection
Choose all that apply.

Visual

Functional

Comments _____

LAMPS/LEDS

Test/Inspection
Choose all that apply.

Visual

Functional

Comments _____

FUSES

Test/Inspection
Choose all that apply.

Visual

Other (specify) _____

Functional

Comments _____

PRIMARY POWER SUPPLY

Test/Inspection
Choose all that apply.

Visual

Functional

Comments _____

TROUBLE SIGNALS

Test/Inspection
Choose all that apply.

Visual

Functional

Comments _____

DISCONNECT SWITCHES

Test/Inspection

Choose all that apply.

Visual

Functional

Comments

GROUND-FAULT MONITORING

Test/Inspection

Choose all that apply.

Visual

Functional

Comments

TRANSIENT SUPPRESSORS

Visually Tested?

Choose one.

Yes

No

Comments

REMOTE ANNUNCIATORS

Test/Inspection

Choose one.

Visual

Neither

Functional

Comments

Notification Appliances

▶ **Appliance Type (Check all that were tested/inspected)**

Choose all that apply.

- Audible Voice clarity (functional)
 Visible Other (specify) _____
 Speakers

AUDIBLE

- Test/Inspection** Visual Other (specify) _____
Choose one.
 Functional

Comments _____

VISIBLE

- Test/Inspection** Visual Other (specify) _____
Choose one.
 Functional

Comments _____

SPEAKERS

- Test/Inspection** Visual Other (specify) _____
Choose one.
 Functional

Comments _____

Initiating & Supervisory Device Tests & Inspections

▶ **Device Type (Check all that were tested/inspected)**

Choose all that apply.

- | | |
|-----------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Manual Pull | <input type="checkbox"/> Waterflow Switch |
| <input type="checkbox"/> Ion Detector | <input type="checkbox"/> Supervisory Switch |
| <input type="checkbox"/> Photo Detector | <input type="checkbox"/> Pressure Switch |
| <input type="checkbox"/> Heat Detector | <input type="checkbox"/> Other (specify) _____ |

MANUAL PULL

Location & Serial Number _____

Test/Inspection Visual Functional
Choose one.

Measured Setting _____

Pass/Fail Pass Fail
Choose one.

Comments _____

ION DETECTOR

Location & Serial Number _____

Test/Inspection Visual Functional
Choose one.

Measured Setting _____

Pass/Fail Pass Fail
Choose one.

Comments _____

PHOTO DETECTOR

Location & Serial Number _____

Test/Inspection Visual Other (specify) _____
Choose one.
 Functional

Measured Setting _____

Pass/Fail Pass Fail
Select all that apply

Comments _____

HEAT DETECTOR

Location & Serial Number _____

Test/Inspection Visual Functional
Choose one.

Measured Setting _____

Pass/Fail Pass Fail
Choose one.

Comments _____

WATERFLOW SWITCH

Location & Serial Number _____

Test/Inspection Visual Functional
Choose one.

Measured Setting _____

Pass/Fail Pass Fail
Choose one.

Comments _____

SUPERVISORY SWITCH

Location & Serial
Number _____

Test/Inspection
Choose one.

Visual

Functional

Measured Setting _____

Pass/Fail
Choose one.

Pass

Fail

Comments _____

PRESSURE SWITCH

Location & Serial
Number _____

Test/Inspection
Choose one.

Visual

Functional

Measured Setting _____

Pass/Fail
Choose one.

Pass

Fail

Comments _____

Emergency Communications Equipment

▶ **Device Type (Check all that were tested/inspected)**

Choose all that apply.

Phone set

Tone generator(s)

Phone jacks

Call-in signal

Off-hook indicator

System performance

Amplifier(s)

PHONE SET

Test/Inspection

Choose one.

Visual

Functional

Comments _____

PHONE JACKS

Test/Inspection

Choose one.

Visual

Functional

Comments _____

OFF-HOOK INDICATOR

Test/Inspection

Choose one.

Visual

Functional

Comments _____

AMPLIFIER(S)

Test/Inspection

Choose one.

Visual

Other (specify) _____

Functional

Comments _____

tone generator(s)

Test/Inspection

Choose one.

Visual

Functional

Comments _____



CALL-IN SIGNAL

Test/Inspection
Choose one.

Visual

Functional

SYSTEM PERFORMANCE

Test/Inspection
Choose one.

Visual

Functional

Interface Equipment

▶ Number of Interface Devices Choose one.

0

1

2

3

INTERFACE DEVICE #1

Name of Interface
Equipment _____

Inspection/Operation
Choose all that apply.

Visual

Device Operation

Simulated Operation

Special Procedures _____

Comments _____

Special Hazard Systems

▶ Number of Hazard Systems Choose one.

0

3

1

Other (specify) _____

2

SPECIAL HAZARD SYSTEM #1

Name of Special Hazard System _____

Inspection/Operation

Choose all that apply.

Visual

Device Operation

Simulated Operation

Special Procedures _____

Comments _____

Supervising Station Monitoring

▶ Signal(s)/Restoration(s) Available Choose all that apply.

Alarm signal

Supervisory signal

Alarm restoration

Supervisory restoration

Trouble signal



ALARM SIGNAL

Time _____

Comments _____

ALARM RESTORATION

Time _____

Comments _____

TROUBLE SIGNAL

Time _____

Comments _____

SUPERVISORY SIGNAL

Time _____

Comments _____

SUPERVISORY RESTORATION

Time _____

Comments _____

Test Complete Notification

▶ **Groups Notified** Choose all that apply.

- Monitoring Entity Building Management
 Building Occupants Other

MONITORING ENTITY

Who was Notified _____

When Notified Date _____ Time _____

BUILDING OCCUPANTS

Who was Notified _____

When Notified Date _____ Time _____

BUILDING MANAGEMENT

Who was Notified _____

When Notified Date _____ Time _____

OTHER

Who was Notified _____

When Notified Date _____ Time _____

▶ The following did not operate properly

▶ Was the System Restored to Normal Operation? Choose one.

Yes No

▶ Date System Restored

Date _____ Time _____

Certification

Passed? Pass Fail

Name of inspector

Please print

Signature

Date _____ / _____ / _____

Time _____ : _____ AM / PM



Fulcrum is a mobile app creation platform that lets you digitize checklists like this easily — and automate related workflows! — without writing any code.

Check us out at fulcrumapp.com/checklists