



MariTech Systems, Inc.
20911 Johnson St Suite 132
Pembroke Pines, FL 33029

Fire Alarm Inspection Report

Date of Visit: _____

Job Number: _____

Page 1 of 7

GENERAL INFORMATION

Service Organization:

Name: **MariTech Systems, Inc**

Address: 20911 Johnson Street Suite 132

City: Pembroke Pines State: Fl. Zip: 33029

Phone: (954) 447-1200

License No: EF20000581

UL Certification No: _____

Monitoring Entity:

Name: COPS Monitoring

Contact: Customer Service

Phone: (800) 722-1788

Acc Ref No: _____

Protected Property:

Facility Name: _____

Address: _____

City: _____ State: Florida Zip: _____

Phone: ()

Customer Contact: _____

Authority Having Jurisdiction:

Agency: _____

Contact: _____

Phone: ()

PRE-TEST INFORMATION

Pre-Test Status: Normal Abnormal (explain) _____

Pre-Test Notification:

	Yes	No	Name	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Service Performed:

- Weekly Tests & Inspection
- Monthly Tests & Maintenance
- Monthly Inspection
- Bi-Monthly Inspection
- Quarterly Test
- Semi-Annual Inspections
- Semi-Annual Tests & Inspections
- Annual Tests & Maintenance
- Fire Drill

Percentage of Devices Tested:

- 10%
- 25%
- 50%
- 100%
- 1 Device Per Zone
- Other _____

Comments:

A. Switches and Indicators

Comments:

Switches

Reset	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Message Acknowledge	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm Silence	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory Silence	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble Silence	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Drill	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Security Silence	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Panel Switches & Keypads	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Control	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Lamp Test	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

Indicators

Comments:

Normal	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Test/Program	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Security	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Main Display	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

C. Main Panel Control Functions

Comments:

Initiating Device Circuits	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Signal Device Circuits	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Notification App. Circuits	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Printer	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Relay/Control	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Other _____	<input type="checkbox"/> N/A	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

D. Emergency Communication Equipment

Comments:

	Qty	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	Comments:
Warden Phones	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Set(s)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-In Signal	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Switch	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifiers	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Microphone	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Message Module	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SYSTEM TEST AND INSPECTION

III. Initiating Devices

Detail Attachment (B) Pages _____
 Sensitivity Results (C) Pages 1

Device Type	Performed		Total Qty	Qty Tested	Comments:
Pull Stations	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Smoke Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Heat Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Duct Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Beam Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Flame Detectors	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Water Flows	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Tampers	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Monitor Module	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Pressure Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Temp. Switch	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____
Other _____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	_____	_____	_____

Comments:

III. Notification Appliances

Detail Attachment (D) Pages _____

Evacuation Signal Type:	<input type="checkbox"/> Temporal	<input type="checkbox"/> Coded	<input checked="" type="checkbox"/> General Alarm	
	<input type="checkbox"/> Voice	<input type="checkbox"/> Visual	<input type="checkbox"/> Other _____	

	Qty				
<input type="checkbox"/> Bells	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Chimes	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input checked="" type="checkbox"/> Horns	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Speakers	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Strobes	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Combination	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail
<input type="checkbox"/> Other	_____	<input type="checkbox"/> Visual	<input type="checkbox"/> Functional	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail

Comments:

IV. On/Off Premise Monitoring

Comments:

Alarm Signal	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Alarm Restore	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble Signal	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Trouble Restore	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory Signal	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____
Supervisory Restore	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	_____

POST TEST INFORMATION

Post-Test Status: Operational Inoperative* Impaired* (*See Page 6 for details)

System restored to above status: Date _____ Time _____

Post-Test Notification:			Name	Time
Monitoring Entity	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Building Occupants	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Building Management	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____
Other _____	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	_____	_____
AHJ (notified of any impairments)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____	_____

SIGNATURES

Name of Inspector _____ **Date** _____ **Time** _____

Signature _____

Name of Owner/Representative _____ **Date** _____ **Time** _____

Signature _____