

**EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes systems and components specific to emergency communication systems.
This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____
Number of Supplemental Form(s) Attached: _____

1. PROPERTY INFORMATION

Name of property: _____
Address: _____

2. DESCRIPTION OF SYSTEM OR SERVICE

- Fire alarm with in-building fire emergency voice alarm communication system (EVAC)
 - Mass notification system
 - Combination system, with the following components:
 - Fire alarm EVACS MNS Two-way, in-building, emergency communications system
 - Other (specify): _____
- Additional description of system(s): _____

2.1 In-Building Fire Emergency Voice Alarm Communication System

Manufacturer: _____ Model number: _____
Number of single voice alarm channels: _____ Number of multiple voice alarm channels: _____
Number of speakers: _____ Number of speaker circuits: _____
Location of amplification and sound processing equipment: _____

Location of paging microphone stations:

Location 1: _____
Location 2: _____
Location 3: _____

2.2 Mass Notification System

2.2.1 System Type:

- In-building MNS-combination
- In-building MNS Wide-area MNS Distributed recipient MNS
- Other (specify): _____

EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)

2. DESCRIPTION OF SYSTEM OR SERVICE (continued)

2.2.2 System Features:

- Combination fire alarm/MNS MNS autonomous control unit Wide-area MNS to regional national alerting interface
 Local operating console (LOC) Distributed-recipient MNS (DRMNS) Wide-area MNS to DRMNS interface
 Wide-area MNS to high-power speaker array (HPSA) interface In-building MNS to wide-area MNS interface
 Other (specify): _____

2.2.3 MNS Local Operating Consoles

Location 1: _____
Location 2: _____
Location 3: _____

2.2.4 High-Power Speaker Arrays

Number of HPSA speaker initiation zones: _____
Location 1: _____
Location 2: _____
Location 3: _____

2.2.5 Mass Notification Devices

Combination fire alarm/MNS visual devices: _____ MNS-only visual devices: _____
Textual signs: _____ Other (describe): _____
Supervision class: _____

2.2.6 Special Hazard Notification

- This system does not have special suppression pre-discharge notification.
 MNS systems DO NOT override notification appliances required to provide special suppression pre-discharge notification.

3. TWO-WAY EMERGENCY COMMUNICATIONS SYSTEMS

3.1 Telephone System

Number of telephone jacks installed: _____ Number of warden stations installed: _____
Number of telephone handsets stored on site: _____
Type of telephone system installed: Electrically powered Sound powered

3.2 Two-Way Radio Communications Enhancement System

Percentage of area covered by two-way radio service: Critical areas _____ % General building areas _____ %
Amplification component locations: _____
Inbound signal strength _____ dBm Outbound signal strength _____ dBm
Donor antenna isolation is _____ dB above the signal booster gain.
Radio frequencies covered: _____
Radio system monitor panel location: _____

**EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

3. TWO-WAY EMERGENCY COMMUNICATIONS SYSTEMS (continued)

3.3 Area of Refuge (Area of Rescue Assistance) Emergency Communications Systems

Number of stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

3.4 Elevator Emergency Communications Systems

Number of elevators with stations: _____ Location of central control point: _____

Days and hours when central control point is attended: _____

Location of alternate control point: _____

Days and hours when alternate control point is attended: _____

3.5 Other Two-Way Communications System

Describe: _____

4. TESTING RESULTS

4.1 Control Unit and Related Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Supervision	<input type="checkbox"/>	<input type="checkbox"/>	
Local annunciator	<input type="checkbox"/>	<input type="checkbox"/>	
Remote annunciators	<input type="checkbox"/>	<input type="checkbox"/>	
Remote power panels	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

4.2 Secondary Power

Description	Visual Inspection	Functional Test	Comments
Battery condition	<input type="checkbox"/>	<input type="checkbox"/>	
Load voltage	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge test	<input type="checkbox"/>	<input type="checkbox"/>	
Charger test	<input type="checkbox"/>	<input type="checkbox"/>	
Remote panel batteries	<input type="checkbox"/>	<input type="checkbox"/>	

**EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

4. TESTING RESULTS (continued)

4.3 Emergency Communications Equipment

Description	Visual Inspection	Functional Test	Comments
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	
Lamps/LEDs/LCDs	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Secondary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
Panel supervision	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

4.4 Mass Notification Equipment

Description	Visual Inspection	Functional Test	Comments
Functional test	<input type="checkbox"/>	<input type="checkbox"/>	
Reset/Power down test	<input type="checkbox"/>	<input type="checkbox"/>	
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	
Primary power supply	<input type="checkbox"/>	<input type="checkbox"/>	
UPS power test	<input type="checkbox"/>	<input type="checkbox"/>	
Trouble signals	<input type="checkbox"/>	<input type="checkbox"/>	
Disconnect switches	<input type="checkbox"/>	<input type="checkbox"/>	
Ground fault monitoring	<input type="checkbox"/>	<input type="checkbox"/>	
CCU security mechanism	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message content	<input type="checkbox"/>	<input type="checkbox"/>	
Prerecorded message activation	<input type="checkbox"/>	<input type="checkbox"/>	
Software backup performed	<input type="checkbox"/>	<input type="checkbox"/>	
Test backup software	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarm to MNS interface	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to fire alarm interface	<input type="checkbox"/>	<input type="checkbox"/>	
In-building MNS to wide-area MNS	<input type="checkbox"/>	<input type="checkbox"/>	
MNS to direct recipient MNS	<input type="checkbox"/>	<input type="checkbox"/>	

**EMERGENCY COMMUNICATIONS SYSTEMS
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING (continued)**

4. TESTING RESULTS (continued)

4.4 Mass Notification Equipment (continued)

Description	Visual Inspection	Functional Test	Comments
Sound pressure levels (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility <input type="checkbox"/> CSI <input type="checkbox"/> STI (attach report with locations, values, and weather conditions)	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

4.5 Two-Way Communication Equipment

Description	Visual Inspection	Functional Test	Comments
Phone handsets	<input type="checkbox"/>	<input type="checkbox"/>	
Phone jacks	<input type="checkbox"/>	<input type="checkbox"/>	
Off-hook indicator	<input type="checkbox"/>	<input type="checkbox"/>	
Call-in signal	<input type="checkbox"/>	<input type="checkbox"/>	
System performance	<input type="checkbox"/>	<input type="checkbox"/>	
System audibility	<input type="checkbox"/>	<input type="checkbox"/>	
System intelligibility	<input type="checkbox"/>	<input type="checkbox"/>	
Other:	<input type="checkbox"/>	<input type="checkbox"/>	

See main System Record of Inspection and Testing for additional information, certifications, and approvals.