



HOLICONG Security

1968 Holicong Road, PO Box 126 Holicong, PA 18928
215-794-7542 www.holicongsecurity.com

INSPECTION AND TESTING FORM

Date: 1/25/22 Time: 9:45 AM

SERVICE ORGANIZATION

Name: Holicong Locksmith & Central Security
Address: 1968 Holicong Road Holicong, PA. 18928
Representative: _____
License No.: P00976/181212
Telephone: 215-794-7542

MONITORING ENTITY

Contact: Holicong Security
Telephone: 1-800-639-7019
Monitoring Account Ref. No.: 8035

TYPE TRANSMISSION

McCulloh Multiplex Digital
 Reverse Priority RF
 Other (Specify) _____
Control Unit Manufacturer: _____
Model No.: _____
Circuit Styles: Addressable
Number of Circuits: 37
Software Rev.: _____
Last Date System Had Any Service Performed: _____
Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Lower Merion Community
Address: 550 Oxford Valley Cntr Rd
Owner Contact: _____
Telephone: _____

APPROVING AGENCY

Contact: NA
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	
<u>6</u>	<u>Addressable</u>	<u>6</u>	Manual Fire Alarm Boxes
<u>24</u>	<u>Addressable</u>	<u>18</u>	Ion Detectors
<u>5</u>	<u>Addressable</u>	<u>0</u>	Photo Detectors
<u>1</u>	<u>Addressable</u>	<u>0</u>	Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
<u>1</u>	<u>Addressable</u>	<u>0</u>	Other (Specify): <u>Ansul</u>

Alarm verification feature is disabled enabled

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity of Appliances Installed	Circuit Style	Quantity of Appliances Tested	
			Bells
			Horns
			Chimes
<u>5</u>	<u>B</u>	<u>5</u>	Strobes
			Speakers
<u>17</u>	<u>B</u>	<u>17</u>	Other (Specify): <u>Horn/Strobes</u>

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 4 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 110 Amps 15
 Overcurrent Protection: Type Breaker Amps 15
 Location (of Primary Supply Panelboard): Kilker Mechanical Room
 Disconnecting Means Location: Panel A1B-#4

(b) Secondary (Standby):
12V Storage Battery: Amp-Hr Rating 14
 Calculated capacity in 14 Amp-Hrs to operate system for 24 hours
 Engine-driven generator dedicated to fire alarm system: N/A
 Location of fuel storage: N/A

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"/>	<u>Holicong</u>	<u>9:45 am</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Staff</u>	<u>↓</u>
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>↓</u>	<u>↓</u>
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 checked="" type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input 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

REMOTE ANNUNCIATORS

NOTIFICATION APPLIANCES

Audible	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Phone Jacks	<input checked="" type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
System Performance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input 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:

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	11:20 am	_____
Alarm Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>	↓	_____
Trouble Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Trouble Signal Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Supervisory Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____
Supervisory Restoration	<input checked="" type="checkbox"/>	<input type="checkbox"/>		_____

