



HOLICONG Security

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

INSPECTION AND TESTING FORM

Date: 1-30-23 Time: 1-2:00 PM

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.: _____

TYPE TRANSMISSION

McCulloch Multiplex Digital
 Reverse Priority RF
 Other (Specify) _____

Control Unit Manufacturer: EDWARDS
Model No.: IQ SERIES
Circuit Styles: ADD
Number of Circuits: 1
Software Rev.: _____
Last Date System Had Any Service Performed: _____
Last Date That Any Software or Configuration Was Revised: _____

PROPERTY NAME (USER)

Name: Lower Mahanet Comm.
Address: 1550 Oscford Valley Rd
Owner Contact: _____
Telephone: 445-245-2164

APPROVING AGENCY

Contact: MONICA TIERNEY
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>5</u>	<u>B</u>	<u>5</u>	Manual Fire Alarm Boxes
			Ion Detectors
<u>16</u>	<u>B</u>	<u>10</u>	Photo Detectors
			Duct Detectors
			Heat Detectors
			Waterflow Switches
			Supervisory Switches
<u>15</u>	<u>B</u>		Other (Specify): _____

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
			Strobes
			Speakers
<u>19</u>	<u>B</u>	<u>19</u>	Other (Specify): <u>HORN STROBE</u>

No. of alarm notification appliance circuits: _____

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 1 Style(s) B

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage 20.4 VAC Amps 6.5 AMPS
Overcurrent Protection: Type BREAKER Amps 15 AMPS
Location (of Primary Supply Panelboard): MECHANICAL ROOM
Disconnecting Means Location: BREAKER

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

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>HLCS</u>	<u>12 PM</u>
Building Occupants	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>STAFF</u>	<u>12 PM</u>
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input 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 type="checkbox"/>	_____
System Performance	<input checked="" type="checkbox"/>	<input 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"/>	_____	_____
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 type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
Primary Power Supply	<input checked="" type="checkbox"/>	<input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	_____
REMOTE ANNUNCIATORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	_____
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:

NOTIFICATIONS THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Staff	2:00
Monitoring Agency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HVCS	2:00
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>		
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>		

The following did not operate correctly:

System restored to normal operation: _____ Date: _____ Time: 2:05

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: R. M. Afer & B. Wood Date: 1-30-23 Time: 2:05
Signature: [Handwritten Signature]
Name of Owner or Representative: _____ Date: _____ Time: _____
Signature: _____