

# Fire Alarm System Installation Inspection

Project Name:

Project Location:

Date of Inspection:

Inspector Name:

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## Equipment and Devices

Control Panel Installed:

Manual Pull Stations Installed:

Smoke Detectors Installed:

Heat Detectors Installed:

Audible/Visual Alarms Installed:

Notification Devices Installed:

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## Installation Checks

Wiring Neat and Secured:

Devices Properly Labeled:

Back-up Power Connected:

All Zones Assigned:

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## Testing

System Power-On Test:

Device Activation Test:

Notification Devices Test:

Battery Backup Test:

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## Comments / Observations

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Inspector Signature:

Date: