

Fire Alarm System Inspection Checklist

Date

Location/Building

Inspector

System Type

Panel Model

Contact Person

Checklist

Item to Inspect	Pass	Fail	N/A	Remarks
Control panel free from damage & clearly accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Power supply and battery backup in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Smoke/heat detectors clean and functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Manual call points tested and labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Audible/visual alarms (sounders & strobes) operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wiring and connections secure/properly terminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Alarm transmission to monitoring station verified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
All zones/panels tested & reset successfully	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Observations

Inspector's Signature

Date