

# INITIATING DEVICE SUPPLEMENTARY RECORD OF INSPECTION AND TESTING<sup>1</sup>

*This form is a supplement to the System Record of Inspection and Testing.  
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.  
This form has been modified as permitted by NFPA to provide a more complete and/or clear record specific to DCPS.  
Insert N/A in all unused lines.*

Installing Contractor: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Pre-inspection Test Date: \_\_\_\_\_ Scheduled **Re-acceptance** Test Date: \_\_\_\_\_

## 1. PROPERTY INFORMATION – Duval County Public Schools

School or Facility Name/Number: \_\_\_\_\_

DCPS Project Manager: \_\_\_\_\_ Engineer of Record: \_\_\_\_\_

2. **Partial System or Components Test:** *This form shall be used for re-acceptance testing when an initiating device is added or deleted. Added devices shall be functionally tested. For deleted devices, another device on the circuit shall be operated. A copy of this form verifying pretest and affected devices shall be submitted with the installing Contractor's Statement of Compliance and email inspection request.*

## 3. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results

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

1. Information required is from NFPA 72 Figure 7.8.2(i)

**INTERCONNECTED SYSTEMS  
SUPPLEMENTARY RECORD OF COMPLETION<sup>1</sup>**

*This form is a supplement to the System Record of Completion. It includes a list of types and locations of systems that are interconnected to the main system.*

*This form is to be completed by the system installation contractor at the time of system acceptance and approval.  
This form has been modified as permitted by NFPA to provide a more complete and/or clear record for DCPS.  
Insert N/A in all unused lines.*

Installing Contractor: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Form Completion Date: \_\_\_\_\_ Number of additional pages: \_\_\_\_\_

**1. PROPERTY INFORMATION – Duval County Public Schools**

School or Facility Name/Number: \_\_\_\_\_

DCPS Project Manager: \_\_\_\_\_ Engineer of Record: \_\_\_\_\_

**2.** *This form shall be used for systems interconnected with the fire alarm system such as elevator recall, AHU shut down, automatic smoke doors, flow and tamper switches, etc. A copy of this form verifying affected interconnected systems shall be submitted with the installing Contractor’s Statement of Compliance and email inspection request.*

**3. INTERCONNECTED SYSTEMS**

Description	Location	Purpose

**See Main System Record of Completion for additional information, certifications, and approvals.**

1. Information required is based on NFPA 72 Figure 7.8.2(e).

# **NOTIFICATION APPLIANCE POWER PANEL SUPPLEMENTARY RECORD OF COMPLETION<sup>1</sup>**

*This form is a supplement to the System Record of Completion. It includes a list of types and locations of notification appliance power extender panels.  
This form is to be completed by the system installation contractor at the time of system acceptance and approval.  
This form has been modified as permitted by NFPA to provide a more complete and/or clear record for DCPS.  
Insert N/A in all unused lines.*

Installing Contractor: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Form Completion Date: \_\_\_\_\_ Number of Additional pages: \_\_\_\_\_

### **1. PROPERTY INFORMATION – Duval County Public Schools**

School or Facility Name/Number: \_\_\_\_\_

DCPS Project Manager: \_\_\_\_\_ Engineer of Record: \_\_\_\_\_

**2.** *This form shall be used for re-acceptance testing/inspection. A copy of this form verifying affected NAC panels shall be submitted with the installing Contractor's Statement of Compliance and email inspection request.*

### **3. NOTIFICATION APPLIANCE POWER EXTENDER PANELS**

Make and Model	Location	Area Served	Power source

**See Main System Record of Completion for additional information, certifications, and approvals.**

1. Information required is from NFPA 72 Figure 7.8.2(d)

**NOTIFICATION APPLIANCE  
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING<sup>1</sup>**

*This form is a supplement to the System Record of Inspection and Testing.  
It includes a notification appliance test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.  
This form has been modified as permitted by NFPA to provide a more complete and/or clear record for DCPS.  
Insert N/A in all unused lines.*

Installing Contractor: \_\_\_\_\_ Permit No.: \_\_\_\_\_

Pre-inspection Test Date: \_\_\_\_\_ Scheduled Re-acceptance Test Date: \_\_\_\_\_

**1. PROPERTY INFORMATION – Duval County Public Schools**

School or Facility Name/Number: \_\_\_\_\_

DCPS Project Manager: \_\_\_\_\_ Engineer of Record: \_\_\_\_\_

**2. Partial System or Components Test:** *This form shall be used for re-acceptance testing when an initiating device is added or deleted. Added devices shall be functionally tested. For deleted devices, another device on the circuit shall be operated. A copy of this form verifying pretest and affected devices shall be submitted with the installing Contractor's Statement of Compliance and email inspection request.*

**3. NOTIFICATION APPLIANCE TEST RESULTS**

Appliance Type	Location/Identifier	Test Results

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

1. Information required is from NFPA 72 Figure 7.8.2(h)