ALARM SYSTEM TEST REPORT

AREA	SITE	BLDG	ROOM	DATE

CUSTODIAN	ORG CODE

NAME(S) OF PERSONNEL COMPLETING TEST

	TYPE OF ALARM	TEST RESULTS
ZONE 1:		
ZONE 2:		
ZONE 3:		
ZONE 4:		
ZONE 5:		
ZONE 6:		
ZONE 7:		
ZONE 8:		
ZONE 9:		
ZONE 10:		

BACKUP BATTERY FOR ALARM CONTROL UNIT

NOTE: **DO NOT TEST EQUIPMENT TAMPER ALARMS, GLASS BREAKAGE ALARMS, VIBRATION ALARMS, OR HEAT SENSORS.**

REMARKS *(Include action taken in the event of malfunction)*

SIGNATURE *(Custodian)*

Custodian: Please retain blank copies of this form for future use.
Test your alarm system as required by applicable regulations, document your results on this form and return to Code 1222.1. For SCI areas, also send a copy to Code 1223.

Questions concerning alarm testing procedures should be directed to Code 1222.1 at 767-3682.

Clear Form