

Gill Security Systems, Inc
818 Ramsey St.
Fayetteville, NC 28301
910-433-2868

Fire Alarm – Annual
Customer: [Click here to enter text.](#)
Building: [Click here to enter text.](#)
Address: [Click here to enter text.](#)

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CUSTOMER NAME:	Carolina Water & Fire	TECHNICIAN:	Jesica Jones
BUILDING NAME:	1337 Leet Street	ACCOUNT NAME:	Carolina Fire & Water
INSPECTION TYPE:	Fire Alarm	OFFICE ADDRESS:	457 Cool Dr Bandit, NC 27458
FREQUENCY:	Annual	OFFICE PHONE:	910-745-1337
WORK ORDER:	149857		
INSPECTION START DATE:	4/5/2025		
INSPECTION END DATE:	4/5/2025		

FIRE ALARM INSPECTION REPORT

DEVICE DEFICIENCIES

LOCATION	DESCRIPTION	ADDRESS	DEVICE	MAKE	MODEL	SERIAL	DATE OF TEST	TYPE
102 Hall	Strobe	n/a	1	Silent Cat	EE-45	n/a	4/5/2025	Stroke

INSPECTION RESULTS SUMMARY

DEVICE TYPE	INVENTORY COUNT	PASSED	FAILED	CANNOT INSPECT
Annunciator	1	Y		
Battery	2	Y		
DACT Battery	0			
DACT Point	0			
Heat Detector	0			
Panel	1	Y		
Pull Station	18	Y		
Smoke Alarm	57	Y		
Horn/Strobe	34	Y		
Strobe	18	Y		
Bell	1	Y		
Water Flow Tamper	2	Y		
Total	216		0	0



INSPECTION RESULTS SUMMARY				
DEVICE TYPE	INVENTORY COUNT	PASSED	FAILED	CANNOT INSPECT
Annunciator				
Battery				
DACT Main				
DACT Point				
Heat Detector				
Panel				
Pull Station				
Smoke Alarm				
Total	0	0	0	0

FACP PANELS						
#	LOCATION	DESCRIPTION	MANUFACTURER	MODEL	DEVICE TYPE	RESULT
1						
2						
3						
Is the panel in a normal condition at the start of the inspection?						Choose an item.
Alarm, Supervisory, and Trouble Signals (Inputs)?						Choose an item.
Circuit Supervisory (Including Opens, Shorts & Ground Faults)?						Choose an item.
Alarm verification sequence verified?						Choose an item.
Power Supply Supervisory – Loss of AC Power/Batteries?						Choose an item.
Fuses/Lamps/LED Tested & Verified?						Choose an item.
Interface Equipment Verification of Required Signals?						Choose an item.
Main Power Supply Tested Under Full Load?						Choose an item.
Amplifier/Tone Generators Verified?						Choose an item.
Call-In Signal Silence- Visual & Audible?						Choose an item.
Remote Annunciator(s) – Operation/Verification?						Choose an item.

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Initiating Devices Test?	Choose an item.
Masterbox/Central Station Connection Tested?	Choose an item.
Alarm Notification Appliances Tested?	Choose an item.

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BATTERIES			
#	LOCATION	DESCRIPTION	RESULT
1			
2			
3			
Quantity (multiples of two for a set)			
AMP Hour Rating			
Visual Inspection			
Has Manufactory's Date Exceeded?			Choose an item.
Manufactory Date Code			
Load Voltage Test			
Reason for failure:			

DACT MAIN			
#	LOCATION	DESCRIPTION	RESULT
1			
Central Station Company			Choose an item.
Communicator model name and number			
Does communicator possess dual connection functionality?			
Number of lines connected?			
Account Number			
Receiving Station Operator ID/Name			
Line 1 Type			
Line 2 Type			

DACT POINT			
#	LOCATION	DESCRIPTION	RESULT
1			
Transmission to Receiving Station completed within 10 minutes?			
Time to Report to Receiving Station (In Seconds)			

SMOKE SENSING DEVICES				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

HEAT DETECTORS				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

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PULL STATIONS				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

ANCILLARY FIRE ALARM DEVICES				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

SPRINKLER TAMPER/MONITORING DEVICES				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				



INSPECTION RESULTS SUMMARY				
DEVICE TYPE	INVENTORY COUNT	PASSED	FAILED	CANNOT INSPECT
Horn + Strobe				
Strobe				
Bell				
Total	0	0	0	0

HORN + STROBE DEVICES				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

STROBE DEVICES				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

BELLS				
#	LOCATION	ADDRESS	DESCRIPTION	RESULT
1				

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Inspector Signature _____	Inspector Name _____	Date _____
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