



Addendum No. 1
On-Call Fire Alarm Inspection, Testing and Maintenance
TU-2343

September 29, 2023

Ladies and Gentlemen:

The purpose of this addendum is to clarify certain portions of the above-referenced project with all prospective bidders.

Questions:

Q1. Can you provide a copy of the last test report from the last testing company?

A1. Yes, attached are the latest test reports.

All addenda will be incorporated into the final contract documents and will be binding on all bidders/offerors responding to this solicitation. Each bidder/offeror submitting a bid/proposal must acknowledge receipt of all addenda by completing and forwarding Exhibit K (included in bid package) with the bid response; failure to acknowledge addenda may result in the bid/proposal rejection.

If you have any questions regarding this addendum, please contact me at (410) 704-3486 or email me at wchilds@towson.edu

Sincerely,

A handwritten signature in blue ink, appearing to read 'Wendy Childs', written over a light blue rectangular background.

Wendy Childs
Procurement Officer Representative



7512 Connelley Drive
Hanover, MD 21076
800-966-2212
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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
10 West				Notifier NFS-3030	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
AV™s and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	NCA-2	Bells			Manual stations	70	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	223	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	21	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	14	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	30	
-	LCD	Strobes	Multiple		Tamper switches	32	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	2	
Main Battery Quantity:					Pressure switches	2	
					Carbon Monoxide		
Node 26					Beam Detectors		
					Door holders (relays)	30	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-30-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
7800 York rd.				Rm 101. NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: **Semiannual fire alarm and elevator recall test and inspection completed .**
A/v and mass notification devices tested during scheduled fire drills with OPS officer once per semester.

Test performed in accordance with **NFPA**

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	39	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	87	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	16	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	25	
Lamp Test	Lamp Test OK	Speakers	Multiple		Flow switches	6	
Door Closures	LCD	Strobes	Multiple		Tamper switches	12	
Main Battery Size: 35ah		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire dampers	2	

Sequence of operation is **All signals report to dispatch, alarms evacuate building.**

Follow Up Required: No Yes **If yes, please describe and list all equipment required:**

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	In-house dispatch receive all signals
			Account Number:	239
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): **AT/JH** Date: **10-12-22**

Start time: _____ Finish time: _____ Lead Tech Signature: _____

Total time on site: _____ Total travel time: _____ Print Customer Name: _____

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
7400 York rd.				Notifier NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: **Semi-annual fire alarm system, elevator recall test and inspection completed.**
 See device list for detailed information on devices tested.

Control panel type		Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		LCD-80	Bells			Manual stations	10	
Trouble Lamp/Audible OK		Trouble Lamp/Audible OK	Horns			Smoke detectors	10	
Trouble SIL/Ring Back N/A		Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	7	
Alarm Source Ind. OK		Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	10	
Lamp Test OK		Lamp Test OK	Speakers	Multiple		Flow switches	5	
Door Closures		LCD	Strobes	Multiple		Tamper switches	8	
Main Battery Size: 100ah			Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2						Pressure switches		
(4) 12v 7ah in FCPS on 1st/3rd floor						Carbon Monoxide		
						Beam Detectors		

Sequence of operation is **All signals report to local in house dispatch center and alarms evacuate building.**
 Follow Up Required: No Yes **If yes, please describe and list all equipment required:**

Note: A/V and Mass Notification devices tested with OPS during scheduled fire drills once a semester.

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Notifier Network w/ udact network2
			Account Number:	240
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): **AT/SH** Date: **9-7-21**
 Start time: _____ Finish time: _____ Lead Tech Signature: _____
 Total time on site: _____ Total travel time: _____ Print Customer Name: _____

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Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Administration building		Project Locality:		Panel Location & Type (Name, Model and Number): Main electrical room/ NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall tests and inspections completed.
A/V and mass notification devices tested during scheduled fire drills with OPS officers once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	FDU-80(2)	Bells			Manual stations	51	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	54	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	1	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	5	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	5	
Door Closures	LCD	Strobes	Multiple		Tamper switches	9	
Main Battery Size:		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	2	

Sequence of operation is All signals report to dispatch, alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	In-house dispatch center
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/JH	Date: 10-18-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

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Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Auburn House		Project Locality:		Panel Location & Type (Name, Model and Number): Basement / Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	8	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	10	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	1	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors	4	
Lamp Test OK	-	Speakers	Multiple		Flow switches	1	
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT\SH Date: 9-29-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

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Customer Signature:
 AHJ Name:
 AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Barnes House		Project Locality:		Panel Location & Type (Name, Model and Number): Telco closet first floor/ Notifier NFS2-3030	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice	System Condition: <input checked="" type="checkbox"/> Very good	
Contact Name/Phone Number: Justin Basnight			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
				<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
				<input type="checkbox"/> Very poor	<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-160	Bells			Manual stations	15	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	15	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	11	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	8	
-	-	Strobes	Multiple		Tamper switches	10	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide	2	
					Beam Detectors		
					Fire damper	168	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT SH Date: 9-6-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Burdick Hall				Basement electrical room , NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA						
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper
Intelligent	LCD-80	Bells			Manual stations	31
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	80
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	6
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	31
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	13
Shutdowns	LCD	Strobes	Multiple		Tamper switches	16
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	
Main Battery Quantity:					Pressure switches	
					Carbon Monoxide	
Node 7					Beam Detectors	
					Dampers	9

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/ JH Date: 9-30-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

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Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Bus Depot				First floor/ Notifier NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	2	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	1	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors		
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches		
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 11-7-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

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Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: CFA		Project Locality:	Panel Location & Type (Name, Model and Number): 2nd floor FACP /TC room, notifier NFS2-640
City: Towson	State: MD	Zip: 21204	Standard
Contact Name/Phone Number: Bob Mchenry		System Condition:	Monthly
<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor	<input checked="" type="checkbox"/> Semi-annual
<input type="checkbox"/> Other	<input type="checkbox"/> Fair		<input type="checkbox"/> Annual

Notes/Comments: Semiannual Fire alarm and elevator recall test and inspection completed.
A/V and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	50	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	25	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	11	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	57	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	16	
-	LCD	Strobes	Multiple		Tamper switches	28	
Main Battery Size: 26		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
Node 19					Fire damper	40	

Sequence of operation is All signals report to dispatch and alarms evacuate building.
Follow Up Required: No Yes If yes, please describe and list all equipment required:

Note: shunt trip breakers in room 2036 & 3055(elev 4)

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): JH/SH	Date: 10-19-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Childcare		Project Locality:		Panel Location & Type (Name, Model and Number): Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm test and inspection completed
 A/V™s and Mass Notification devices are tested during scheduled fire drills with OPS once per semester

Test performed in accordance with								
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.	
Intelligent		Bells			Manual stations	9		
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	24		
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors			
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors	10		
Lamp Test OK	-	Speakers	Multiple		Flow switches	1		
-	-	Strobes	Multiple		Tamper switches	2		
Main Battery Size:		Speaker strobes	Multiple		Low air switches			
Main Battery Quantity:					Pressure switches			
					Carbon Monoxide	1		
					Beam Detectors			

Sequence of operation is All signals report to dispatch and alarms evacuate building

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 10-19-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Cook/ Media		Project Locality:	PO Number:
City: Towson		State: MD	Zip: 21204
Contact Name/Phone Number: Justin Basnight		Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
		<input type="checkbox"/> Semi-annual	<input checked="" type="checkbox"/> Annual

Notes/Comments: Fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	40	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	63	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	20	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	6	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	5	
-	-	Strobes	Multiple		Tamper switches	4	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	2	
Main Battery Quantity:					Pressure switches	2	
					Carbon Monoxide		
					Beam Detectors		
Node 4					Fire damper	38	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-20-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	PO Number:
Address: CLA		Project Locality:	Panel Location & Type (Name, Model and Number): First floor by loading dock NFS2-3030
City: Towson	State: MD	Zip: 21204	Standard
Contact Name/Phone Number: Justin Basnight		<input checked="" type="checkbox"/> Voice	System Condition:
		<input checked="" type="checkbox"/> Multiplex	<input checked="" type="checkbox"/> Very good
		<input type="checkbox"/> Other	<input type="checkbox"/> Poor
			<input type="checkbox"/> Good
			<input type="checkbox"/> Very poor
			<input checked="" type="checkbox"/> Semi-annual
			<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	NCA2	Bells			Manual stations	51	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	90	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	12	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	56	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	17	
-	-	Strobes	Multiple		Tamper switches	36	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-26-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
 AHJ Name:
 AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Construction Trailer		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	Standard
Contact Name/Phone Number: Justin Basnight			System Condition:
<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor	<input type="checkbox"/> Monthly
<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor	<input checked="" type="checkbox"/> Quarterly
<input type="checkbox"/> Other	<input type="checkbox"/> Fair		<input checked="" type="checkbox"/> Semi-annual
			<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	2	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	9	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors		
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches		
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-2-21

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
 AHJ Name:
 AHJ Signature:(if present)



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Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Fredrick Douglas House		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	Panel Location & Type (Name, Model and Number): First floor in Telco closet NFS2-3030
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice	Multiplex <input checked="" type="checkbox"/>	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Very poor <input type="checkbox"/> Fair
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input checked="" type="checkbox"/> Semi-annual
	<input type="checkbox"/> Annual		

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-160	Bells			Manual stations	16	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	20	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	14	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	2	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	9	
-	-	Strobes	Multiple		Tamper switches	12	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	168	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-21-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name:	Service Req. By:	Call Taken By:	PO Number:
Towson University			
Address:	Project Locality:	Panel Location & Type (Name, Model and Number):	
Enrollment building		Telco closet ground floor / Notifier NFS2-640	
City:	State:	Zip:	Standard
Towson	MD	21204	<input checked="" type="checkbox"/> Voice
Contact Name/Phone Number:			System Condition:
Justin Basnight			<input checked="" type="checkbox"/> Very good
			<input type="checkbox"/> Poor
			<input type="checkbox"/> Good
			<input type="checkbox"/> Very poor
			<input checked="" type="checkbox"/> Semi-annual
			<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/v and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	19	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	20	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	5	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	1	
-	LCD	Strobes	Multiple		Tamper switches		
Main Battery Size: 55		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	12	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	In-house dispatch center
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-18-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson UNiversity		Service Req. By:		Call Taken By:	
Address: Glen Dining		Project Locality:		Panel Location & Type (Name, Model and Number): Notifier 640	
City: Towson	State: Md	Zip: 21252	Standard <input checked="" type="checkbox"/> Voice <input type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V's and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with		NFPA						
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.	
Intelligent	LCD-160	Bells			Manual stations	11		
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	10		
Trouble SIL/Ring Back OK	Trouble SIL/Ring Back OK	Fire lights			Heat detectors	8		
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	4		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	3		
-	-	Strobes	Multiple		Tamper switches	10		
Main Battery Size:		Speaker strobes	Multiple		Low air switches			
Main Battery Quantity:					Pressure switches			
					Carbon Monoxide			
					Beam Detectors			

Sequence of operation is

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 2/10/23
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
AHJ Name: _____
AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Glen Garage		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
Contact Name/Phone Number: Justin Basnight		<input checked="" type="checkbox"/> Standard Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	17	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	3	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	1	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches		
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 11-10-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
 AHJ Name:
 AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
General Services				First floor Electric Rm / Notifier NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	10	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	3	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	18	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	1	
-	-	Strobes	Multiple		Tamper switches	1	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-12-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Glen A		Project Locality:		Panel Location & Type (Name, Model and Number): Main Lobby/ Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	35	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	152	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	4	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches	42	
-	-	Strobes	Multiple		Tamper switches	35	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	16	

Sequence of operation is All signals report to dispatch and alarms evacuate building.
Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 6-11-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

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Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name:	Service Req. By:	Call Taken By:	PO Number:
Towson University			
Address:	Project Locality:	Panel Location & Type (Name, Model and Number):	
Glen B		Main Lobby/ Notifier NFS2-640	
City:	State:	Zip:	Standard
Towson	MD	21204	<input checked="" type="checkbox"/> Voice
Contact Name/Phone Number:			System Condition:
Justin Basnight			<input checked="" type="checkbox"/> Very good
			<input type="checkbox"/> Poor
			<input type="checkbox"/> Good
			<input type="checkbox"/> Very poor
			<input checked="" type="checkbox"/> Semi-annual
			<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	33	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	135	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	4	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches	34	
-	-	Strobes	Multiple		Tamper switches	42	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	13	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-11-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

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Customer Signature:
 AHJ Name:
 AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Glen C		Project Locality:		Panel Location & Type (Name, Model and Number): Main Lobby/ Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	32	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	161	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	8	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors	2	
Lamp Test OK	-	Speakers	Multiple		Flow switches	32	
-	-	Strobes	Multiple		Tamper switches	39	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	14	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 6-11-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Glen D		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	Panel Location & Type (Name, Model and Number): Main Lobby/ Notifier NFS2-640
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice	Multiplex <input checked="" type="checkbox"/>	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Very poor <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	33	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	132	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	4	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches	32	
-	-	Strobes	Multiple		Tamper switches	41	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	22	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-11-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Harris Hall		Project Locality:		Panel Location & Type (Name, Model and Number): Notifier 3030	
City: Towson	State: MD	Zip:	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
Av and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Control panel type		Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD with graphic		Bells			Manual stations	26	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK		Horns			Smoke detectors	824	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A		Fire lights			Heat detectors	4	
Alarm Source Ind. OK	Alarm Source Ind. OK		Horn strobes			Duct smoke detectors	5	
Lamp Test OK	Lamp Test OK		Speakers	Multiple		Flow switches	13	
-	LCD		Strobes	Multiple		Tamper switches	28	
Main Battery Size: See report			Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:						Pressure switches	1	
						Carbon Monoxide		
						Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT SH	Date: 7-20-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Hazmat shed		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	System Condition:
<input checked="" type="checkbox"/> Standard <input type="checkbox"/> Voice <input type="checkbox"/> Multiplex <input type="checkbox"/> Other			<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight		<input type="checkbox"/> Very good <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Poor <input type="checkbox"/> Very poor

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Conventional		Bells			Manual stations	1	
Trouble Lamp/Audible OK	-	Horns	1		Smoke detectors		
Trouble SIL/Ring Back OK	-	Fire lights			Heat detectors		
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers			Flow switches		
-	-	Strobes			Tamper switches		
Main Battery Size: See report		Speaker strobes			Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 2-15-21
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Hawkins and Psychology		Project Locality:		Panel Location & Type (Name, Model and Number): Basement floor Electric floor / NSF2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	36	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	52	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	21	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	2	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	14	
-	-	Strobes	Multiple		Tamper switches	11	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	2	
Main Battery Quantity:					Pressure switches	2	
					Carbon Monoxide		
					Beam Detectors		
Node 4					Fire damper	35	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-12-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Lecture Hall		Project Locality:		Panel Location & Type (Name, Model and Number): NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	4	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	9	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	6	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	1	
Shutdowns	LCD	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
	Node 8						

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-27-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Linthicum Hall		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	Panel Location & Type (Name, Model and Number): Basement Mechanical RM / Notifier NFS2-640
Contact Name/Phone Number: Justin Basnight		Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
Notes/Comments:		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	

Notes/Comments: VV™s and Mass notification devices are tested during scheduled fire drills with the Public Safety officer once per semester

Test performed in accordance with							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	20	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	20	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	18	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	3	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches		
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size:		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	9	

Sequence of operation is

Follow Up Required: No Yes Yes

If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/ SH	Date: 11-7-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____

AHJ Name: _____

AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page: _____		Job # or Call Type: _____	Ticket Number: _____
Customer Name: _____		Service Req. By: _____	Call Taken By: _____
Towson University			PO Number: _____
Address: _____		Project Locality: _____	Panel Location & Type (Name, Model and Number): _____
Landscaping			First floor/ Notifier NFS2-640
City: _____	State: _____	Zip: _____	Standard _____
Towson	MD	21204	<input checked="" type="checkbox"/> Voice
Contact Name/Phone Number: _____			<input checked="" type="checkbox"/> Multiplex
Justin Basnight			<input type="checkbox"/> Other
System Condition: _____		<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
<input checked="" type="checkbox"/> Very good		<input type="checkbox"/> Poor	<input checked="" type="checkbox"/> Semi-annual
<input type="checkbox"/> Good		<input type="checkbox"/> Very poor	<input type="checkbox"/> Annual
<input type="checkbox"/> Fair			

Notes/Comments: **Semiannual fire alarm and elevator recall test and inspection completed.**
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	5	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	6	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	10	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	1	
-	-	Strobes	Multiple		Tamper switches	2	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: _____					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is **All signals report to dispatch and alarms evacuate building.**

Follow Up Required: No Yes **If yes, please describe and list all equipment required:**

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): **AT/SH** Date: **9-29-22**

Start time: _____ Finish time: _____ Lead Tech Signature: _____

Total time on site: _____ Total travel time: _____ Print Customer Name: _____

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Marshall Hall		Project Locality:	PO Number:
City: Towson	State: MD	Zip:	Panel Location & Type (Name, Model and Number): Notifier 3030
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
Av and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Control panel type		Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD with graphic		Bells			Manual stations	26	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK		Horns			Smoke detectors	1704	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A		Fire lights			Heat detectors	12	
Alarm Source Ind. OK	Alarm Source Ind. OK		Horn strobes			Duct smoke detectors	10	
Lamp Test OK	Lamp Test OK		Speakers	Multiple		Flow switches	11	
-	LCD		Strobes	Multiple		Tamper switches	27	
Main Battery Size: See report			Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:						Pressure switches	1	
						Carbon Monoxide		
						Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 7-21-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Millennium Hall		Project Locality:		Panel Location & Type (Name, Model and Number): Main Entrance / Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	Graphic LED	Bells			Manual stations	21	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	148	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	3	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	38	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	18	
-	-	Strobes	Multiple		Tamper switches	23	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide	3	
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 8-9-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Newell Dining				Basement; NFS 2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with								
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.	
Intelligent	LCD-80	Bells			Manual stations	14		
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	36		
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	6		
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	9		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	6		
-	LCD	Strobes	Multiple		Tamper switches	8		
Main Battery Size: 26		Speaker strobes	Multiple		Low air switches	2		
Main Battery Quantity: 2					Pressure switches	2		
					Carbon Monoxide			
					Beam Detectors			
					Fire damper	2		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	In-house dispatch center
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 9-29-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Newell Hall		Project Locality:		Panel Location & Type (Name, Model and Number): First floor Telco closet/ Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	12	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	86	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	8	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	6	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	11	
-	-	Strobes	Multiple		Tamper switches	16	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-18-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Parking Services		Project Locality:		Panel Location & Type (Name, Model and Number): 1st floor closet , NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice	System Condition: <input checked="" type="checkbox"/> Very good	
Contact Name/Phone Number: Justin Basnight			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Poor
			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
				<input type="checkbox"/> Very poor	<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	3	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	6	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	5	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	1	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches		
Shutdowns	LCD	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
Node 7					Beam Detectors		
					Dampers		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 8-9-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
AHJ Name: _____
AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Power Plant		Project Locality:		Panel Location & Type (Name, Model and Number): Main office first floor/ NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with the OPS once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	FDU-80	Bells			Manual stations	20	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	6	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	23	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	1	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	6	
-	-	Strobes	Multiple		Tamper switches	7	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 11-2-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
AHJ Name: _____
AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Prettyman Hall				Basement Electric Rm NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD	Bells			Manual stations	12	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	46	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors		
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	14	
-	-	Strobes	Multiple		Tamper switches	9	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-13-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Press Box -Field House		Project Locality:		Panel Location & Type (Name, Model and Number): NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	35	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	30	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	19	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	8	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	10	
Shutdowns	LCD	Strobes	Multiple		Tamper switches	19	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity: 2					Pressure switches	2	
					Carbon Monoxide		
					Beam Detectors		
	Node 13						

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 11-2-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Public Safety		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	Panel Location & Type (Name, Model and Number): NFS2-640
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	11	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	7	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	1	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	2	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	3	
Shutdowns	LCD	Strobes	Multiple		Tamper switches	6	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
Node 62					Fire damper	9	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 10-20-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
AHJ Name: _____
AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Richmond Hall		Project Locality:		Panel Location & Type (Name, Model and Number): Electric room/ Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	20	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	54	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	3	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	1	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	13	
-	-	Strobes	Multiple		Tamper switches	18	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-18-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

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Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Residence Tower		Project Locality:	PO Number:
City: Towson	State: Md	Zip:	Panel Location & Type (Name, Model and Number): Fire control rm/Notifier 3030
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

Notes/Comments: Semi annual fire alarm and elevator recall test and inspection completed.
Av and mass notification devices tested during scheduled fire drills with ops officials once a semester

Control panel type		Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
-	-		Bells			Manual stations	39	
-	-		Horns			Smoke detectors	478	
-	-		Fire lights			Heat detectors	7	
-	-		Horn strobes			Duct smoke detectors	57	
-	-		Speakers	multiple		Flow switches	19	
-	-		Strobes	multiple		Tamper switches	30	
Main Battery Size:			Speaker strobes	multiple		Low air switches		
Main Battery Quantity:						Pressure switches		
						Carbon Monoxide		
						Beam Detectors		
						Damper	68	

Sequence of operation is

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT SH	Date: 7-13-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson UNiversity		Service Req. By:	Call Taken By:
Address: New Science		Project Locality:	PO Number:
City: Towson	State: Md	Zip: 21252	Panel Location & Type (Name, Model and Number): Notifier 3030
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice <input type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V's and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-160 / LCD280	Bells			Manual stations	23	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	122	
Trouble SIL/Ring Back OK	Trouble SIL/Ring Back OK	Fire lights			Heat detectors	24	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	124	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	19	
-	-	Strobes	Multiple		Tamper switches	31	
Main Battery Size:		Speaker strobes	Multiple		Low air switches	2	
Main Battery Quantity:					Pressure switches	2	
					Carbon Monoxide		
					Beam Detectors	6	

Sequence of operation is

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 4/3/23
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Scarborough Hall				Basement Electric Rm NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester .

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD	Bells			Manual stations	12	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	53	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	6	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	9	
-	-	Strobes	Multiple		Tamper switches	15	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-13-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____

AHJ Name: _____

AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: SECU		Project Locality:		Panel Location & Type (Name, Model and Number): Main doors/ NFS2-3030	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	Graphics w/ Fan Control	Bells			Manual stations	34	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	28	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	2	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	20	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	7	
-	-	Strobes	Multiple		Tamper switches	17	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
Node 61					Beam Detectors	9	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-19-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Smith Hall		Project Locality:		Panel Location & Type (Name, Model and Number): Notifier NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V and Mass Notification devices are tested during scheduled fire drills with the Ops once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	44	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	113	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	23	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	10	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	15	
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	53	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-12-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Stephens Hall				Basement / Notifier NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	17	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	14	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	2	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	10	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	15	
-	-	Strobes	Multiple		Tamper switches	15	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 10-25-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Towson Center		Project Locality:		Panel Location & Type (Name, Model and Number): NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Control panel type		Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	33		
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	9		
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	4		
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	14		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	12		
Shutdowns	LCD	Strobes	Multiple		Tamper switches	17		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1		
Main Battery Quantity: 2					Pressure switches	1		
					Carbon Monoxide			
					Beam Detectors			
	Node 5							

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 9-9-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Towson Run				First floor main entrance/ Notifier NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.

A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	39	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	15	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	4	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches	15	
-	-	Strobes	Multiple		Tamper switches	16	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
					Fire damper	46	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 6-24-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____

AHJ Name: _____

AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: Towson Garage		Project Locality:	PO Number:
City: Towson	State: MD	Zip: 21204	Panel Location & Type (Name, Model and Number): 2 floor Electric RM / Notifier NSF-320
Contact Name/Phone Number: Justin Basnight	Standard <input checked="" type="checkbox"/> Voice	System Condition: <input checked="" type="checkbox"/> Very good	Monthly <input type="checkbox"/> Quarterly
	<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input checked="" type="checkbox"/> Semi-annual
	<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations		
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	3	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	4	
Alarm Source Ind. OK	-	Horn strobes	Multiple		Duct smoke detectors		
Lamp Test OK	-	Speakers			Flow switches		
-	-	Strobes			Tamper switches		
Main Battery Size: See report		Speaker strobes			Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 11-10-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: Tubman		Project Locality:		Panel Location & Type (Name, Model and Number): Electric Rm lower level / Notifier NFS2-3030	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-160	Bells			Manual stations	13	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	19	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	12	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors		
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	9	
-	-	Strobes	Multiple		Tamper switches	12	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches	1	
Main Battery Quantity:					Pressure switches	1	
					Carbon Monoxide	2	
					Beam Detectors		
					Fire damper	168	

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 9-6-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
 AHJ Name:
 AHJ Signature:(if present)



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Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: TUNE		Project Locality:		Panel Location & Type (Name, Model and Number): Basement fire control room, EST Vigilant	
City: Bel Air	State: MD	Zip: 21015	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V and mass notification devices tested during scheduled fire drills with ops officials once a semester.

Control panel type		Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		LCD	Bells			Manual stations	10	
Trouble Lamp/Audible OK		Trouble Lamp/Audible OK	Horns			Smoke detectors	17	
Trouble SIL/Ring Back N/A		Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	2	
Alarm Source Ind. OK		Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	20	
Lamp Test OK		Lamp Test OK	Speakers	Multiple		Flow switches	9	
Shutdowns		LCD	Strobes	Multiple		Tamper switches	13	
Main Battery Size: 26			Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2						Pressure switches		
						Carbon Monoxide		
						Beam Detectors		
						Fire damper	17	

Sequence of operation is All signals go to local campus dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local police dispatch at HCC
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 9-27-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name:		Service Req. By:		Call Taken By:	
Towson University					
Address:		Project Locality:		Panel Location & Type (Name, Model and Number):	
Stadium Visitor				Electric Rm / Notifier NFS2-640	
City:	State:	Zip:	Standard	System Condition:	
Towson	MD	21204	<input checked="" type="checkbox"/> Voice	<input checked="" type="checkbox"/> Very good	<input type="checkbox"/> Poor
Contact Name/Phone Number:			<input checked="" type="checkbox"/> Multiplex	<input type="checkbox"/> Good	<input type="checkbox"/> Very poor
Justin Basnight			<input type="checkbox"/> Other	<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Semi-annual
					<input type="checkbox"/> Monthly
					<input type="checkbox"/> Quarterly
					<input type="checkbox"/> Annual

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
 A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations	3	
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	2	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	2	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers	Multiple		Flow switches		
-	-	Strobes	Multiple		Tamper switches		
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 11-2-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:		Ticket Number:	
Customer Name: Towson University		Service Req. By:		Call Taken By:	
Address: West Village Commons		Project Locality:		Panel Location & Type (Name, Model and Number): NFS2-640	
City: Towson	State: MD	Zip: 21204	Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual
Contact Name/Phone Number: Justin Basnight					

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and mass notification devices are tested during scheduled fire drills with ops officials once a semester.

Test performed in accordance with NFPA							
Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	22	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	32	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	12	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	32	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	5	
Shutdowns	LCD	Strobes	Multiple		Tamper switches	17	
Main Battery Size: See report		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity: 2					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		
	Node 59						

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	Local dispatch
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s): AT/SH	Date: 11-10-22
Start time:	Finish time:	Lead Tech Signature:	
Total time on site:	Total travel time:	Print Customer Name:	

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature: _____
 AHJ Name: _____
 AHJ Signature:(if present) _____



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FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name: Towson University		Service Req. By:	Call Taken By:
Address: West Village Garage		Project Locality:	PO Number:
City: Towson State: MD Zip: 21204		Panel Location & Type (Name, Model and Number): 2nd Floor/ Notifier NFS2-320	
Contact Name/Phone Number: Justin Basnight		Standard <input checked="" type="checkbox"/> Voice <input checked="" type="checkbox"/> Multiplex <input type="checkbox"/> Other	System Condition: <input checked="" type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Very poor
		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Semi-annual <input type="checkbox"/> Annual	

Notes/Comments: Semiannual fire alarm and elevator recall test and inspection completed.
A/V™s and Mass notification devices are tested during scheduled fire drills with OPS officials once per semester.

Test performed in accordance with NFPA

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent		Bells			Manual stations		
Trouble Lamp/Audible OK	-	Horns			Smoke detectors	7	
Trouble SIL/Ring Back N/A	-	Fire lights			Heat detectors	8	
Alarm Source Ind. OK	-	Horn strobes			Duct smoke detectors		
Lamp Test OK	-	Speakers			Flow switches		
-	-	Strobes			Tamper switches		
Main Battery Size: See report		Speaker strobes			Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is All signals report to dispatch and alarms evacuate building.

Follow Up Required: No Yes If yes, please describe and list all equipment required:

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	Local dispatch
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

System out of service System partially bypassed Technician(s): AT/SH Date: 11-10-22

Start time: Finish time: Lead Tech Signature:

Total time on site: Total travel time: Print Customer Name:

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)



7512 Connelley Drive
Hanover, MD 21076
800-966-2212
BFPE.COM

Rev. 3

MD

FA TEST & INSPECT REPORT

Page:		Job # or Call Type:	Ticket Number:
Customer Name:	Service Req. By:	Call Taken By:	PO Number:
Towson University			
Address:	Project Locality:	Panel Location & Type (Name, Model and Number):	
Ward West Health & Wellness		Ground floor / Notifier NF2-640	
City:	State:	Zip:	Standard
Towson	MD	21204	<input checked="" type="checkbox"/> Voice
Contact Name/Phone Number:			System Condition:
Justin Basnight			<input checked="" type="checkbox"/> Very good
			<input type="checkbox"/> Poor
			<input type="checkbox"/> Good
			<input type="checkbox"/> Very poor
			<input checked="" type="checkbox"/> Semi-annual
			<input type="checkbox"/> Annual
Notes/Comments: <input checked="" type="checkbox"/> VV™s and Mass Notification devices are tested during scheduled fire drills with the Public Safety officer once per semester			

Test performed in accordance with

Control panel type	Annunciator panel	No. indicating devices	Oper	Def.	No. initiating devices	Oper	Def.
Intelligent	LCD-80	Bells			Manual stations	15	
Trouble Lamp/Audible OK	Trouble Lamp/Audible OK	Horns			Smoke detectors	33	
Trouble SIL/Ring Back N/A	Trouble SIL/Ring Back N/A	Fire lights			Heat detectors	1	
Alarm Source Ind. OK	Alarm Source Ind. OK	Horn strobes			Duct smoke detectors	18	
Lamp Test OK	Lamp Test OK	Speakers	Multiple		Flow switches	2	
-	-	Strobes	Multiple		Tamper switches	5	
Main Battery Size:		Speaker strobes	Multiple		Low air switches		
Main Battery Quantity:					Pressure switches		
					Carbon Monoxide		
					Beam Detectors		

Sequence of operation is

Follow Up Required:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, please describe and list all equipment required:
---------------------	-----------------------------	------------------------------	----------------------------------------------------------

Equipment Used from Vehicle:			Monitoring Details:	
QTY.	Part Number	Part Description	Monitoring Number:	
			Account Number:	
			Alarm Verified:	
			Trouble Verified:	
			Supervisory Verified:	

<input type="checkbox"/> System out of service	<input type="checkbox"/> System partially bypassed	Technician(s):	AT/SH	Date:	10-1922
Start time:	Finish time:	Lead Tech Signature:			
Total time on site:	Total travel time:	Print Customer Name:			

All responses are limited to areas accessible to inspector during the inspection. Signature constitutes acceptance of service performed as being satisfactory. If a service agreement exists between customer and BFPE, all work is subject to that agreement.

Customer Signature:
AHJ Name:
AHJ Signature:(if present)