

# Alarm System Test Log

## General Information

**Test Date\*:** \_\_\_\_\_  
**Facility/Site Name:** \_\_\_\_\_  
**Specific Location/Area:** \_\_\_\_\_  
**Person Conducting Test\*:** \_\_\_\_\_  
**Role/Job Title:** \_\_\_\_\_  
**Contact Number:** \_\_\_\_\_

## Devices Tested

Devices Tested:

Alarm ID/Location	Alarm Type	Test Method	Result	Corrective Action Needed	Remarks

*Options for 'Alarm Type': Smoke Detector, Heat Detector, Manual Call Point, Sprinkler Alarm, Security Alarm, Other*

*Options for 'Test Method': Sounder Test, Visual Indicator, Simulated Activation, Function Test, Other*

*Options for 'Result': Pass, Fail*

## Follow-Up

**Maintenance Requested**

**Maintenance Work Order Reference:** *(Fill only if applicable)*

**Next Scheduled Test Date:** \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Tester Signature\*:** \_\_\_\_\_ *(Sign above)*