



# NMSU FIRE DEPARTMENT SUPPLEMENTARY RECORD OF INSPECTION AND TESTING



### PROPERTY INFORMATION

Name of property: \_\_\_\_\_

Address: \_\_\_\_\_

### INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results

*This form is to be completed by the system inspection and testing contractor at the time of a system test.*  
 Attach additional sheets, data, or calculations as necessary to provide a complete record. Number of Supplemental Form(s) Attached: \_\_\_\_\_

Inspection/Test Start Date/Time: \_\_\_\_\_ Inspection/Test Completion Date/Time: \_\_\_\_\_