NMSU FIRE DEPARTMENT
NOTIFICATION APPLIANCE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING

PROPERTY INFORMATION

Name of property:_____

Address:_____

NOTIFICATION APPLIANCE TEST RESULTS

Appliance Type	Location/ Identifier	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:_____

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