

ACCESS CONTROL INSPECTION & TESTING REPORT

COMPONENTS

Quantity	Type of Components	Device Type or Model
_____	Controller	_____
_____	Power supply	_____
_____	Reader	_____
_____	Key	_____
_____	Magnetic stripe	_____
_____	RFID card	_____
_____	Biometric	_____
_____	Position sensor	_____
_____	Electric latch	_____
_____	Electric lock	_____
_____	Electromagnetic lock	_____
_____	Request to exit	_____
_____	Manual	_____
_____	Motion	_____
_____	Other: _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTIFICATION OF TESTING

Notify party responsible for the protected premises:

Name: _____ Date: _____ Time: _____

Monitoring station:

Name: _____ Date: _____ Time: _____

SYSTEM INSPECTION AND TEST

Component	Visual Check		Functional Test		Comments
	Yes	No	Pass	Fail	
Control unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary power circuit disconnect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Secondary power	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voltage at end of test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Generator records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Power supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FIGURE A.4.7.2.1(3)(c) Sample Access Control Report.

**ACCESS CONTROL
INSPECTION & TESTING REPORT (continued)**

TRANSMISSION TEST

Signal	Yes	No	Time	Comments
Alarm signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

FINAL TEST REPORT

The following did not operate properly: _____

NOTIFICATION OF END OF TESTING

Notify party responsible for the protected premises:
Name: _____ Date: _____ Time: _____

Monitoring station:
Name: _____ Date: _____ Time: _____

System restored to normal operation: _____ Date: _____ Time: _____

Testing was performed in accordance with applicable NFPA standards.
Name of inspector: _____ Date: _____
Signature: _____ Time: _____

Party responsible for the protected premises: _____ Date: _____
Signature: _____ Time: _____

FIGURE A.4.7.2.1(3)(c) *Continued*