



## Report of Fire Service Testing

ASME A17.1- Sections 8.6.4.19.6 or 8.6.5.14.3

Until further notice, this report serves as confirmation that the Category 1 Periodic Testing of Firefighter's Emergency Operations, as prescribed in A17.1-2013, Section 8.6.4.19.6 or 8.6.5.14.3 (e), has been performed by both the Fire Service company representative and the Elevator Service company representative.

For each elevator tested, list the State Registration number (NV#):

NV	NV	NV	NV
NV	NV	NV	NV
NV	NV	NV	NV
NV	NV	NV	NV

Location Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

By signing below, you are verifying that testing was performed at the same time by both companies.

All the Elevator Fire Alarm Initiating Devices have been tested and are in compliance:

_____	_____	_____
Print Name and Signature of Nevada State Fire Marshal Licensed Are Alarm Contractor Representative:	Company Name	Date
F- License# _____		

All the elevators referenced above are in compliance and respond appropriately to the Fire Alarm Initiating Devices:

_____	_____	_____
Name and Signature of Elevator Mechanic License# _____	Company Name Holding a Valid C7 License	Date

Notes/Results/Corrections/Repairs: \_\_\_\_\_