



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 Fire Alarm Contractor Representative:
F- License # _____

Company Name

Date

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

Name and Signature of Elevator Mechanic
Mechanic License # _____

Company Name holding a
valid C7 license

Date

Notes/Results/Corrections/Repairs: _____

