



## 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_