



DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INDUSTRIAL RELATIONS
MECHANICAL COMPLIANCE SECTION

Report of Fire Service Testing

This report serves as confirmation that the Category 1 Periodic Testing of Firefighter's Emergency Operations, as prescribed in A17.1-2019, Section 8.6.4.19.6 or 8.6.5.14.3 (e), as well as the testing of initiating devices as prescribed in NFPA 72-2016 14.3-14.4, has been performed by **both** the Fire Service company representative and the Elevator Service company representative in their respective areas of responsibility.

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 of Fire Alarm Initiating Devices as well as Firefighters' Emergency Operations was performed as required by code.

_____ Print Name and Signature of Nevada State Fire Marshal Licensed Are Alarm Contractor Representative: F-License #: _____	_____ Company Name	_____ Date
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_____ Name and Signature of Elevator Mechanic Mechanic License #: _____	_____ Company Name Holding a Valid C7 License	_____ Date
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Do the Fire Alarm Initiating Devices perform according to requirements? ____ Yes ____ No Does the elevator respond appropriately to Fire Alarm Initiating Device inputs? ____ Yes ____ No

Notes/Results/Corrections/Repairs:

Reno: 4600 Kietzke Ln, Suite F-151, Reno, NV 89502 - Telephone (775) 688-3750

Las Vegas: 3360 W. Sahara Avenue, Suite 170 Las Vegas, Nevada 89102 - Telephone (702) 486-9054 <https://dir.nv.gov/>