JOE LOMBARDO
Governor

DR. KRISTOPHER SANCHEZ
Director

ADAM TETI
Administrator

PAUL MEFFORD
Chief Administrative Officer

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

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:

_____

_____

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Las Vegas: 2300 W Sahara Ave, Suite 300, Las Vegas, NV 89102 - Telephone (702) 486-9054

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