

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING**

*This form is a supplement to the System Record of Inspection and Testing.
It includes an initiating device test record.*

*This form is to be completed by the system inspection and testing contractor at the time of the inspection and/or test.
It shall be permitted to modify this form as needed to provide a more complete and/or clear record.
Insert N/A in all unused lines.*

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____
Number of Supplemental Pages Attached: _____

1. PROPERTY INFORMATION

Name of property: _____
Address: _____

2. INITIATING DEVICE TEST RESULTS

Device Type	Address	Location	Test Results

**INITIATING DEVICE
SUPPLEMENTARY RECORD OF INSPECTION AND TESTING *(continued)***

2. INITIATING DEVICE TEST RESULTS *(continued)*

Device Type	Address	Location	Test Results

See main System Record of Inspection and Testing for additional information, certifications, and approvals.