



CHERRY HILL FIRE MARSHAL'S OFFICE

AUTOMATIC FIRE ALARM SYSTEM TEST REPORT

Only this document will be accepted by the Cherry Hill Fire Prevention Division for annual testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable N.F.P.A. standards.

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

DATE OF INSPECTION: ____/____/____ INSPECTOR: _____

TESTING AGENCY NAME: _____

NJ-DFS BUSINESS PERMIT # _____ PHONE # _____

TESTING AGENCY ADDRESS: _____

1. MAIN FIRE ALARM PANEL LOCATION: _____
2. FIRE ALARM PANEL LOCKED AND SECURE? YES NO
3. LOCATION OF REMOTE ANNUNCIATORS: _____
CORRECT OPERATION VERIFIED FOR REMOTE ANNUNCIATOR YES NO
4. FIRE ALARM PANEL MAUNFACTURER: _____ YEAR INSTALLED: _____
5. F.A. TRANSMITTER TYPE: _____ CORRECT OPERATION VERIFIED YES NO
6. F.A. TRANSMITTER MANUFACTURER: _____ YEAR INSTALLED: _____
7. MONITORING AGENCY NAME AND TELEPHONE NUMBER: _____
8. DOES TRANSMITTER HAVE 24 HOUR SELF TEST? YES NO NA
9. DOES TRANSMITTER HAVE TWO (2) APPROVED MEANS OF TRANSMISSION? YES NO NA
10. ARE TRANSMISSION LINES AND JACKS SECURELY ATTACHED AND IN SERVICE? YES NO
11. WAS AN ALARM FOR EACH ZONE SIMULATED? YES NO
12. AUDIBLE AND VISUAL SIGNALS FUNCTIONED? YES NO
13. SUPERVISORY & TROUBLE SIGNALS SIMULATED? YES NO NA
14. WERE ALL ALARM, AV, SUPERVISORY & TROUBLE SIGNALS RECEIVED AT CONTROL PANEL? YES NO
15. ALARM, SUPERVISORY & TROUBLE SIGNALS RECEIVED BY MONITORING AGENCY? YES NO
16. PRIMARY POWER FOR CONTROL PANEL: NOMINAL VOLTAGE _____ VOLTS AMPS _____
17. OVERCURRENT PROTECTION: FUSE CIRCUIT BREAKER AMP RATING _____
18. LOCATION OF POWER DISCONNECT: _____
19. SECONDARY POWER: STORAGE BATTERY GENERATOR
STANDBY BATTERY VOLTAGE: _____ VOLTS _____ VOLTS - UPON LOADING CIRCUIT
20. GENERATOR: YES NO FUEL TYPE: GASOLINE DIESEL NATURAL GAS
FUEL STORAGE LOCATION: _____ GENERATOR FUEL DURATION: _____ HOURS
21. ALL ZONES LABELED? YES NO H.V.A.C. SHUTDOWN UPON ACTIVATION? YES NO
22. TOTAL NUMBER OF ZONES _____ ELEVATOR RECALL? YES NO
PHASE I INITIATING DEVICES TESTED FOR PROPER OPERATION? YES NO NA

TEST OF INITIATING DEVICES

23. <u>DEVICES</u>	# TESTED	# PASSED	<u>DEVICES</u>	# TESTED	# PASSED
PULL STATIONS	_____	_____	INTERFACE EQUIPMENT	_____	_____
SMOKE DETECTORS	_____	_____	SPECIAL SUPPRESSION	_____	_____
HEAT DETECTORS	_____	_____	VOICE MESSAGES (SPEAKER)	_____	_____
DUCT DETECTORS	_____	_____	DOOR HOLDERS (MAGNETIC)	_____	_____
BEAM DETECTORS	_____	_____	EXIT DOOR RELEASE	_____	_____
AUDIBLE	_____	_____	OTHER (SPECIFY)	_____	_____
AUDIBLE/VISUAL	_____	_____			
FLOW SWITCHES	_____	_____			
TAMPER SWITCHES	_____	_____			

24. EMERGENCY COMMUNICATION SYSTEMS TEST WHERE REQUIRED? YES NO
25. FIRE ALARM SYSTEM LEFT IN SERVICE? YES NO IF NO, EXPLAIN IN NOTES SECTION
26. FIRE MARSHAL NOTIFIED IF SYSTEM NOT IN SERVICE? YES NO
27. FIRE ALARM PANEL HAS INDEPENDENT ZONE SHUTOFF SWITCHES? YES NO
28. FIRE ALARM PANEL HAS ALPHA NUMERIC READOUT: YES NO
29. FIRE ALARM PANEL HAS KEYPAD FOR DATA INPUT: YES NO

NOTES AND/OR DEFICIENCIES FOUND
(PLEASE INDICATE ANY REPAIRS MADE)

SIGNATURE OF INSPECTOR _____ DATE ____/____/____

SIGNATURE OF BUILDING OWNER/REPRESENTATIVE _____ DATE ____/____/____