



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 ____/____/____