



# CHERRY HILL FIRE MARSHAL'S OFFICE

## AUTOMATIC SPRINKLER 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. TYPE OF SYSTEM: ☐ WET ☐ DRY PIPE ☐ PRE ACTION ☐ ANTI-FREEZE ☐ DELUGE
2. LOCATION OF MAIN SHUTOFF VALVE: \_\_\_\_\_
3. NUMBER OF RISERS ON SYSTEM: \_\_\_\_\_ ARE THEY PROPERLY IDENTIFIED? ☐ YES ☐ NO  
HYDRAULIC NAMEPLATE AFFIXED TO EACH RISER? ☐ YES ☐ NO
4. SHUTOFF VALVE TYPE: ☐ O S & Y ☐ P.I.V. ☐ WALL INDICATOR
5. ANY SYSTEM MODIFICATIONS SINCE LAST INSPECTION? ☐ YES ☐ NO IF YES, EXPLAIN \_\_\_\_\_
6. DATE OF LAST INTERNAL PIPE INSPECTION? \_\_\_\_/\_\_\_\_/\_\_\_\_ RESULTS? \_\_\_\_\_
7. DATE OF LAST FLOW TEST: \_\_\_\_/\_\_\_\_/\_\_\_\_ AVAIL FLOW: \_\_\_\_\_ GPM  
FIRE PUMP? ☐ YES ☐ NO TYPE: ☐ DIESEL ☐ ELECTRIC ☐ GASOLINE ☐ OTHER  
JOCKEY PUMP? ☐ YES ☐ NO
8. DATE OF LAST FIRE PUMP TEST: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENERAL PUMP CONDITION: \_\_\_\_\_
9. LOCATION OF F.D. CONNECTION: \_\_\_\_\_ SIGN PROVIDED? ☐ YES ☐ NO  
F.D. CONNECTION TYPE: ☐ 2 1/2" N.S.T. ☐ 4" STORZ OTHER: \_\_\_\_\_
10. PRESSURE READING: STATIC: \_\_\_\_\_ PSI 2" FLOW: \_\_\_\_\_ PSI INSPECTORS VALVE: \_\_\_\_\_ PSI  
GAGES IN EXCESS OF 5 YEARS IN AGE? ☐ YES ☐ NO REPLACED OR RECALIBRATED? ☐ YES ☐ NO
11. DOES FIRE ALARM SYSTEM RESPOND TO WATER FLOW AND TAMPER SIGNALS? ☐ YES ☐ NO ☐ N/A
12. SPRINKLER HEADS: TYPE \_\_\_\_\_ MANUFACTURER \_\_\_\_\_ MODEL \_\_\_\_\_  
TEMP RATING \_\_\_\_\_ YEAR MANUFACTURED \_\_\_\_\_ SPARE HEADS AVAILABLE ☐ YES ☐ NO  
SPRINKLER HEADS UNOBSTRUCTED, CORRECT, AND SERVICEABLE? ☐ YES ☐ NO  
ANY RECALLED HEADS? ☐ YES ☐ NO ANY HEADS NEED TO BE REPLACED DUE TO AGE? ☐ YES ☐ NO
14. SUPERVISION OF VALVES: ☐ SEALED ☐ LOCKED ☐ TAMPER SWITCH ☐ WHEEL REMOVED
15. ARE ALL SPRINKLER VALVES IDENTIFIED WITH SIGNS? ☐ YES ☐ NO
16. IS BUILDING VALVE ROOM HEATED? ☐ YES ☐ NO
17. IF DRY PIPE SYSTEM, WAS DRY PIPE VALVE TRIPPED, CLEANED, RESET? ☐ YES ☐ NO
18. IS DRY SYSTEM SUPERVISED FOR LOW AIR PRESSURE? ☐ YES ☐ NO
19. STATIC WATER PRESSURE \_\_\_\_\_ PSI AIR PRESSURE \_\_\_\_\_ PSI QUICK OPENING DEVICE ☐ YES ☐ NO

IF YES, RECORD WATER DELIVERY TIME: \_\_\_\_\_ MIN. \_\_\_\_\_ SEC.

22. ANY PRIVATE HYDRANTS ON PREMISES? ☐ YES ☐ NO

23. FOR ANTIFREEZE SYSTEMS: TYPE OF ANTIFREEZE USED: \_\_\_\_\_ % \_\_\_\_\_

25. WAS FIRE MARSHAL'S OFFICE NOTIFIED IF SYSTEM NOT IN SERVICE? ☐ YES ☐ NO

26. MONITORING AGENCY NAME AND TELEPHONE: \_\_\_\_\_

EXPLAIN ALL DEFICIENCIES AND REPAIRS NEEDED TO BRING SYSTEM INTO COMPLIANCE WITH ALL APPLICABLE CODES AND STANDARDS. PLEASE INDICATE ANY REPAIRS MADE AS A RESULT OF THE TEST.

SIGNATURE OF BUILDING OWNER/REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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