



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: _____ DATE OF INSPECTION: ____/____/____

PROPERTY ADDRESS: _____ 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: _____ NA

4. FIRE ALARM PANEL MAUNFACTURER: _____ YEAR INSTALLED: _____

5. FIRE ALARM COMMUNICATOR LOCATION: _____

6. F.A. COMMUNICATOR MANUFACTURER: _____ YEAR INSTALLED: _____

7. MONITORING AGENCY NAME AND TELEPHONE NUMBER: _____

8. DOES COMMUNICATOR HAVE 24 HOUR SELF TEST? YES NO NA

9. DOES COMMUNICATOR HAVE TWO (2) PHONE LINES? YES NO NA

10. ARE PHONE LINES AND JACKS SECURELY ATTACHED? YES NO

11. WAS AN ALARM FOR EACH ZONE SIMULATED? YES NO

12. AUDIBLE AND VISUAL SIGNALS FUNCTIONED? YES NO

13. SUPERVISORY SIGNALS TESTED? YES NO NA

14. WERE AUDIBLE AND VISUAL SIGNALS RECEIVED AT CONTROL PANEL? YES NO

15. 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 RUN DURATION: _____ HOURS

21. ALL ZONES LABELED? YES NO H.V.A.C. SHUTDOWN? YES NO

22. TOTAL NUMBER OF ZONES _____ ELEVATOR RECALL? YES NO

TEST OF DEVICES

23. DEVICES

INDICATE NUMBER TESTED

PULL STATIONS _____

CODED _____

NON-CODED _____

SMOKE DETECTORS _____

ION _____

PHOTO _____

HEAT DETECTORS _____

R/R _____

FIXED _____

DUCT DETECTORS _____

LOCAL ALARM ONLY YES NO

BELLS _____

SIZE _____"

HORNS _____

HORN/STROBES _____

FLOW SWITCHES _____

TAMPER SWITCHES _____

VOICE MESSAGES _____

DOOR HOLDERS _____

(ELECTRICALLY ACTIVATED)

DOOR CLOSURES _____

(ELECTROMAGNETIC)

EXIT DEVICES _____

(ELECTROMAGNETIC)

24. TELEPHONE 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

NOTES AND/OR DEFICIENCIES FOUND

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

SIGNATURE OF INSPECTOR _____ DATE ____/____/____

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