



AUTOMATIC FIRE ALARM TEST REPORT

***Only this document will be accepted by the Evesham Township Fire Prevention Division for fire alarm testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable N.F.P.A. Standards*

NOTE: ANY deficiencies MUST be reported to the Fire Prevention Office at (856) 983-2750.

DATE: _____
TIME: _____

SERVICE ORGANIZATION

Name: _____
Address: _____
Representative: _____
License #: _____
Telephone: _____

PROPERTY NAME (USER)

Name: _____
Address: _____
Owner Contact: _____
Telephone: _____

MONITORING ENTITY

Contact: _____
Telephone: _____
Monitoring Account Ref. #: _____

APPROVING AGENCY

Contact: _____
Telephone: _____

TYPE TRANSMISSION

- McCulloh
- Multiplex
- Digital
- Other (Specify) _____
- Reverse priority
- RF

SERVICE

- Weekly
- Monthly
- Quarterly
- Other (Specify) _____
- Semiannually
- Annually

Control Unit Manufacturer: _____
Circuit Styles: _____
Number of Circuits: _____
Software Rev.: _____
Last Date System Had Any Service Performed: _____
Last Date that Any software or Configuration Was Revised: _____

Model #: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty	Circuit Style		Qty	Circuit Style	
_____	_____	Manual Fire Alarm Boxes	_____	_____	Heat Detectors
_____	_____	Ion Detectors	_____	_____	Waterflow Switches
_____	_____	Photo Detectors	_____	_____	Supervisory Switches
_____	_____	Duct Detectors	_____	_____	Other (Specify) _____

Alarm verification feature is disabled: _____ enabled: _____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Qty	Circuit Style		Qty	Circuit Style	
_____	_____	Bells	_____	_____	Strobes
_____	_____	Horns	_____	_____	Speakers
_____	_____	Chimes	_____	_____	Other (Specify) _____

Number of alarm notification appliance circuits: _____
Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Qty	Circuit Style		Qty	Circuit Style	
_____	_____	Building Temp	_____	_____	Fire Pump Power
_____	_____	Site Water Temp	_____	_____	Fire Pump Running
_____	_____	Site Water Level	_____	_____	Fire Pump Auto Position
_____	_____	Generator in Auto Position	_____	_____	Fire Pump Trouble
_____	_____	Generator or Controller Trouble	_____	_____	Fire Pump Controller Trouble
_____	_____	Switch Transfer	_____	_____	Other: (Specify) _____
_____	_____	Generator Engine Running	_____	_____	

SIGNALING LINE CIRCUITS

Quantity and style of signaling line circuits connected to system (see NFPA 72, Table 6.6.1):
Quantity: _____ Style(s): _____

SYSTEM POWER SUPPLIES

(a) Primary (Main): Nominal Voltage _____ Amps _____
 Overcurrent Protection: Type _____ Amps _____
 Location (of Primary Supply Panelboard) _____
 Disconnecting Means Location _____

(b) Secondary (Standby): _____
 Storage Battery: Amp-Hr Rating _____
 Calculated capacity in _____ Amp-Hrs to operate system for _____ hours
 Engine-driven generator dedicated to fire alarm system: _____
 Location of fuel storage: _____

TYPE BATTERY

Dry Cell Nickel-Cadmium Sealed Lead-Acid Lead-Acid
 Other: (Specify) _____

(c) Emergency or standby system used as a backup to primary power supply, instead of using a secondary power supply:
 _____ Emergency system described in NFPA 70, Article 700
 _____ Legally required standby described in NFPA 70, Article 701
 _____ Optional standby system described in NFPA 70, Article 702 which also meets the performance requirements of Article 700 or 701

PRIOR TO ANY TESTING

NOTIFICATIONS ARE MADE	Yes	No	Who	Time
Monitoring Entity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
AHJ Notified of Any Impairments	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SYSTEMS TESTS AND INSPECTIONS

TYPE	Visual	Functional	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____
Lamps/LEDs	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fuses	<input type="checkbox"/>	<input type="checkbox"/>	_____
Primary Power Supply	<input type="checkbox"/>	<input type="checkbox"/>	_____
Trouble Signals	<input type="checkbox"/>	<input type="checkbox"/>	_____
Disconnect Switches	<input type="checkbox"/>	<input type="checkbox"/>	_____
Ground-Fault Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	_____

SECONDARY POWER

TYPE	Visual	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Dicharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____

	Visual	Functional	Comments
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____

REMOTE ANUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
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NOTIFICATION APPLIANCES	Visual	Functional	Comments
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Speakers	<input type="checkbox"/>	<input type="checkbox"/>	_____
Voice Clarity		<input type="checkbox"/>	_____

INITIATING AND SUPERVISORY DEVICE TESTS AND INSPECTIONS

Loc. & S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measured Setting	Pass	Fail
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

EMERGENCY COMMUNICATIONS EQUIPMENT

	Visual	Functional	Comments
Phone Set	<input type="checkbox"/>	<input type="checkbox"/>	_____
Phone Jacks	<input type="checkbox"/>	<input type="checkbox"/>	_____
Off-Hook Indicator	<input type="checkbox"/>	<input type="checkbox"/>	_____
Amplifier(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tone Generator(s)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Call-in Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____
System Performance	<input type="checkbox"/>	<input type="checkbox"/>	_____

COMBINATION SYSTEMS

	Visual	Device Operation	Simulated Operation
Fire Extinguisher Monitoring Device/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Carbon Monoxide Detector/System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTERFACE EQUIPMENT

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SPECIAL HAZARD SYSTEMS

(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Procedures: _____

Comments: _____

SUPERVISING STATION MONITORING

	Yes	No	Time	Comments
Alarm Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Alarm Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Trouble Signal Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATION THAT TESTING IS COMPLETE

	Yes	No	Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly: _____

System restored to normal operation: Date: _____ Time: _____

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

Name of Inspector: _____ Date: _____ Time: _____

Signature: _____

Name of Owner or Representative: _____ Date: _____ Time: _____

Signature: _____