



Hopewell Valley Bureau of Fire Safety Automatic Fire Alarm System

TEST REPORT

***Only this document will be accepted by the Hopewell Valley Bureau of Fire Safety for annual testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable NFPA standards.*

PROPERTY NAME: _____ DATE OF INSPECTION: ___/___/___

PROPERTY ADDRESS: _____ INSPECTOR: _____

TESTING AGENCY NAME: _____

TESTING AGENCY ADDRESS AND PHONE NUMBER: _____

1. MAIN FIRE ALARM PANEL LOCATION: _____

2. FIRE ALARM PANEL LOCKED AND SECURE? YES NO

3. LOCATION OF REMOTE ANNUNCIATORS: _____ N/A

4. FIRE ALARM PANEL MANUFACTURER: _____ 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 HR SELF TEST? YES NO N/A

9. DOES COMMUNICATOR HAVE TWO (2) PHONE LINES? YES NO N/A

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 N/A

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: _____ HRS

21. ALL ZONES LABELED? YES NO HVAC SHUTDOWN? YES NO

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

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	_____				
HORNS/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 OFFICIAL NOTIFIED IF SYSTEM NOT IN SERVICE? ___YES___NO

EXPLAIN ALL DEFICIENCIES AND REPAIRS NEEDED TO BRING SYSTEM INTO COMPLIANCE WITH ALL APPLICABLE CODES AND STANDARDS.

NOTES AND/OR DEFICIENCIES FOUND

27. FIRE ALARM PANEL HAS INDEPENDENT ZONE SHUT OFF 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 ____/____/____