



Westampton Township Emergency Services
 Bureau of Fire Prevention
Office of the Fire Marshal
 780 Woodlane Road Westampton, New Jersey 08060
 Phone (609) 267-2041 ext. 215 Fax (609) 267-3305
 www.westamptonfire.org FireMarshal@westamptonfire.org

This form must be faxed or mailed to Westampton Township Emergency Services Bureau of Fire Prevention within 48 hours of test completion.

AUTOMATIC FIRE ALARM SYSTEM INSPECTION REPORT

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

DATE: _____
TIME: _____

SERVICE ORGANIZATION

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

MONITORING ENTITY

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

TYPE TRANSMISSION

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

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: _____

PROPERTY NAME (USER)

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

APPROVING AGENCY

Contact: _____
 Telephone: _____

SERVICE

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

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"/> | _____ |
|---------------------------|--------------------------|--------------------------|-------|

| | Visual | Functional | Comments |
|--------------------------------|--------------------------|--------------------------|----------|
| NOTIFICATION APPLIANCES | | | |
| 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

| | | | 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/deficiencies noted: _____

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: _____