



Vineland

FIRE PREVENTION BUREAU

Brian Murray
Fire Official

General Office: (856) 794 – 2338

Physical Address: 400 W Plum St – Vineland, New Jersey 08360
Mailing Address: P.O. Box 1508 – Vineland, New Jersey 08362-1508
Email: fireprevention@vinelandcity.org

Email completed reports to fireprevention@vinelandcity.org

FIRE ALARM SYSTEM INSPECTION REPORT

PROPERTY NAME _____ DATE TESTED ____ - ____ - ____

PROPERTY ADDRESS _____

TESTING COMPANY _____ ADDRESS _____

LICENSE PERMIT # _____ INSPECTOR(PRINT) _____

PRIOR TO TESTING: NOTIFICATION MADE TO BUILDING OCCUPANTS AND MONITORING COMPANY:

DISPATCHER# _____ MONITORING COMPANY _____

MONITORING CO PHONE# _____ ACCOUNT # _____

FIRE ALARM PANEL LOCATION _____

FIRE ALARM ANNUNCIATORS LOCATIONS _____ NA

FIRE ALARM PANEL MANUFACTURER _____

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. FIRE ALARM(FA) PANEL IS LOCKED AND SECURED FROM UNAUTHORIZED USE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. FIRE ALARM HAS EXTERNAL KEYPAD TO ENTER CODES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 3. DOES FIRE ALARM PANEL REQUIRE A CODE TO RESET ALARM | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 4. DOES MANAGEMENT HAVE ALL MANUAL PULL BOX AND RESET KEYS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 5. MANAGEMENT HAS BEEN ADVISED OF PROPER ALARM OPERATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 6. ALARM DISPATCHES PROPER BUSINESS NAME, ADDRESS AND/OR SUITE # | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 7. MONITORING CO. CALLS CUMB. COUNTY DISPATCH FOR ALL FIRE ALARM SIGNALS* | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 8. FIRE ALARM IS UL LISTED FOR COMMERCIAL USE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 9. FIRE ALARM COMMUNICATOR HAS 2 PHONE LINES-SPECIFY IF OTHER COMMUNICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 10. ARE THE PHONE LINES AND JACKS ATTACHED AND IN SERVICE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 11. DOES FIRE ALARM PERFORM A 24 HOUR TEST SIGNAL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 12. ALL AUDIBLE/ VISUAL TROUBLE SIGNALS TESTED AND RECEIVED AT FA PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 13. ALL AUDIBLE/ VISUAL SUPERVISORY SIGNALS TESTED AND RECEIVED AT FA PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 14. ALL FIRE ALARM SIGNALS TESTED AND RECEIVED AT FA PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 15. ALL FIRE ALARM SIGNALS ACTIVATED NOTIFICATION DEVICES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 16. WAS A ALARM FOR EACH ZONE SIMULATED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 17. WERE ALL ALARM SIGNALS RECEIVED BY MONITORING COMPANY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 18. TOTAL # OF ZONES _____ ARE ALL ZONES LABELED CORRECTLY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 19. IS THERE A ZONE LIST POSTED BY FIRE ALARM PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 20. DOES FIRE ALARM HAVE INDEPENDENT ALARM ZONE SHUT OFFS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 21. ELEVATOR RECALL TESTED AND PASSED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 22. H V A C DETECTORS SHUTDOWN UNIT OPERATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 23. ALARM VERIFICATION FEATURE IS <input type="checkbox"/> DISABLED <input type="checkbox"/> ENABLED | <input type="checkbox"/> | | |
| 24. GROUND FAULT MONITORING | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 25. TELEPHONE/ PA COMMUNICATIONS TESTED AND PASSED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 26. ALL ELECTRIC DOOR LOCKS AND HOLDERS RELEASE UPON FIRE ALARM ACTIVATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 27. ARE ALL FIRE ALARM DEVICES IN THE BUILDING TIED INTO THE FIRE ALARM SYSTEM | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

ALL "NO" ANSWERS SHALL BE EXPLAINED UNDER "SYSTEM IMPAIRMENTS NOT REPAIRED"



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FIRE ALARM PRIMARY POWER NOMINAL VOLTS _____ AMPS _____

OVER-CURRENT PROTECTION TYPE _____ AMP RATING _____

DISCONNECT POWER LOCATION _____ BREAKER # _____

SECONDARY POWER: BATTERY GENERATOR U.P.S

STANDBY POWER _____ VOLTS BATTERY AMP HOUR RATING _____

CALCULATED CAPACITY TO OPERATE SYSTEM IN HOURS _____

CHARGER TEST OPERATIONAL YES NO
WHERE BATTERIES REPLACE AND DATED YES NO

DEVICES	# TESTED	# PASSED
PULL STATIONS	_____ / _____	_____ / _____
SMOKE DETECTORS	_____ / _____	_____ / _____
HEAT DETECTORS	_____ / _____	_____ / _____
SMOKE BEAM DET.	_____ / _____	_____ / _____
BELLS	_____ / _____	_____ / _____
HORNS	_____ / _____	_____ / _____
HORN/ STROBES	_____ / _____	_____ / _____
DUCT DETECTORS	_____ / _____	_____ / _____
OTHER DEVICE	_____ / _____	_____ / _____

DEVICES	# TESTED	# PASSED
STROBES	_____ / _____	_____ / _____
VOICE/SPEAKERS	_____ / _____	_____ / _____
FLOW SWITCHES	_____ / _____	_____ / _____
TAMPER SWITCHES	_____ / _____	_____ / _____
DOOR CLOSURES	_____ / _____	_____ / _____
DOOR HOLDERS	_____ / _____	_____ / _____
EXIT RELEASES	_____ / _____	_____ / _____
CARBON MONOXIDE	_____ / _____	_____ / _____
(SPECIFY DEVICE)	_____ / _____	_____ / _____

ATTACH ZONE AND DEVICE LIST ON ADDITIONAL SHEETS

FIRE PREVENTION BUREAU NOTIFIED IF SYSTEM NOT IN SERVICE

SYSTEM RESTORED TO NORMAL OPERATION: DATE ____-____-____ TIME _____

DID YOU LIST ANY IMPAIRMENTS OR RECOMMENDATIONS ON PAGE 3 YES NO

THIS TESTING WAS PERFORMED IN ACCORDANCE WITH APPLICABLE NFPA STANDARDS

INSPECTOR SIGNATURE _____ DATE _____

BUILDING REPRESENTATIVE (PRINT) _____

BUILDING REPRESENTATIVE (SIGN) _____

OWNER PLEASE NOTE: N.F.P.A REQUIREMENT

If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours



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NJ IFC 901.6.2 Records. Records of all system inspections, tests and maintenance required by the referenced standards shall be maintained on the premises for a minimum of three years and forwarded to the fire official within five business days of the inspection. All inspection reports shall list deficiencies based on the edition of the referenced standard in effect at the time of installation, with non-required recommendation listed separately.

All reports shall be forwarded to the Fire Official

Email: fireprevention@vinelandcity.org
Fax: 856-405-4621

IMPAIRMENTS CORRECTED DURING TEST INSPECTION

SYSTEM IMPAIRMENTS NOT REPAIRED

RECOMMENDATIONS ONLY
