



# CLEMENTON FIRE MARSHAL'S OFFICE

## AUTOMATIC SPRINKLER SYSTEM TEST REPORT

Only this document will be accepted by the Borough of Clementon Fire Prevention Division for annual testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable N.F.P.A. standards.

NOTE: USE THE TAB BUTTON TO MOVE THE CURSOR

PROPERTY NAME: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

DATE OF INSPECTION: \_\_\_\_ / \_\_\_\_ /20 INSPECTOR: \_\_\_\_\_

TESTING AGENCY NAME: \_\_\_\_\_

NJ-DFS BUSINESS PERMIT # \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TESTING AGENCY ADDRESS: \_\_\_\_\_

1. TYPE OF SYSTEM:  WET  DRY PIPE  PRE ACTION  ANTI-FREEZE  DELUGE
2. LOCATION OF MAIN SHUTOFF VALVE: \_\_\_\_\_
3. NUMBER OF RISERS ON SYSTEM: \_\_\_\_\_ ARE THEY PROPERLY IDENTIFIED?  YES  NO  
HYDRAULIC NAMEPLATE AFFIXED TO EACH RISER:  YES  NO
4. SHUTOFF VALVE TYPE:  O S & Y  P.I.V.  WALL INDICATOR
5. ANY SYSTEM MODIFICATIONS SINCE LAST INSPECTION?  YES  NO  
IF YES, EXPLAIN \_\_\_\_\_
6. DATE OF LAST INTERNAL PIPE INSPECTION: \_\_\_\_ / \_\_\_\_ /20 RESULTS? \_\_\_\_\_
7. DATE OF LAST FLOW TEST: \_\_\_\_ / \_\_\_\_ /20 AVAIL FLOW: \_\_\_\_\_ GPM  
FIRE PUMP?  YES  NO TYPE:  DIESEL  ELECTRIC  GASOLINE  OTHER  
JOCKEY PUMP?  YES  NO
8. DATE OF LAST FIRE PUMP TEST: \_\_\_\_ / \_\_\_\_ /20 GENERAL PUMP CONDITION: \_\_\_\_\_
9. LOCATION OF F.D. CONNECTION: \_\_\_\_\_ SIGN PROVIDED:  YES  NO  
F.D. CONNECTION TYPE:  2½" N.S.T.  4" STORZ OTHER \_\_\_\_\_
10. PRESSURE READING: STATIC: \_\_\_\_\_ PSI 2" FLOW: \_\_\_\_\_ PSI INSPECTORS VALVE: \_\_\_\_\_ PSI  
GAUGES IN EXCESS OF 5 YEARS IN AGE?  YES  NO REPLACED OR RECALIBRATED:  YES  NO
11. DOES FIRE ALARM SYSTEM RESPOND TO WATER FLOW AND TAMPER SIGNALS?  YES  NO  N/A
12. SPRINKLER HEADS: TYPE \_\_\_\_\_ MANUFACTURER \_\_\_\_\_  
MODEL \_\_\_\_\_ TEMP RATING \_\_\_\_\_  
YEAR MANUFACTURED \_\_\_\_\_ SPARE HEADS AVAILABLE  YES  NO
13. SPRINKLER HEADS UNOBSTRUCTED, CORRECT, AND SERVICEABLE?  YES  NO  
ANY RECALLED HEADS?  YES  NO ANY HEADS NEED TO BE REPLACED DUE TO AGE?  YES  NO

14. SUPERVISION OF VALVES:  SEALED  LOCKED  TAMPER SWITCH  WHEEL REMOVED
15. ARE ALL SPINKLER VALVES IDENTIFIED WITH SIGNS?  YES  NO
16. IS BUILDING VALVE ROOM HEATED?  YES  NO
17. IF DRY PIPE SYSTEM, WAS DRY PIPE VALVE TRIPPED, CLEANED, RESET?  YES  NO
18. IS DRY SYSTEM SUPERVISED FOR LOW AIR PRESSURE?  YES  NO
19. STATIC WATER PRESSURE \_\_\_\_\_ PSI AIR PRESSURE \_\_\_\_\_ PSI QUICK OPENING DEVICE  YES  NO
20. WAS FULL FLOW TRIP TEST PERFORMED (DRY SYSTEMS)?  YES  NO  
*IF YES, RECORD WATER DELIVERY TIME: \_\_\_\_\_ MIN. \_\_\_\_\_ SEC.*
21. ALL TEST CONNECTIONS, MAIN DRAIN VALVES, INSPECTORS TEST VALVES, CONTROL VALVES, AND HOSE CABINET/STATION VALVES OPERATED AS REQUIRED ANNUALLY?  YES  NO
22. ANY PRIVATE HYDRANTS ON PREMISES?  YES  NO  
*IF YES, PLEASE COMPLETED AND SUBMIT ANNUAL PRIVATE FIRE HYDRANT INSPECTION FORM FOR EACH HYDRANT WITH REPORT*
23. FOR ANTIFREEZE SYSTEMS: TYPE OF ANTIFREEZE USED: \_\_\_\_\_ % \_\_\_\_\_
24. WAS SPRINKLER SYSTEM LEFT IN SERVICE?  YES  NO IF NO, EXPLAIN IN DETAIL IN NOTES SECTION
25. WAS FIRE MARSHAL'S OFFICE NOTIFIED IF SYSTEM NOT IN SERVICE?  YES  NO
26. MONITORING AGENCY NAME AND TELEPHONE: \_\_\_\_\_
27. SPRINKLER SYSTEM SUITABLE FOR HAZARDS PRESENT:  YES  NO

EXPLAIN ALL DEFICIENCIES AND REPAIRS NEEDED TO BRING SYSTEM INTO COMPLIANCE WITH ALL APPLICABLE CODES AND STANDARDS. PLEASE INDICATE ANY REPAIRS MADE AS A RESULT OF THE TEST.

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SIGNATURE OF INSPECTOR \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ /20\_\_

SIGNATURE OF BUILDING OWNER/REPRESENTATIVE \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ /20\_\_