**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

1. SHUTOFF VALVE TYPE: [ ]  O S & Y [ ]  P.I.V. [ ]  WALL INDICATOR
2. ANY SYSTEM MODIFICATIONS SINCE LAST INSPECTION? [ ]  YES [ ]  NO

IF YES, EXPLAIN

1. DATE OF LAST INTERNAL PIPE INSPECTION:   /  /20   RESULTS?
2. DATE OF LAST FLOW TEST:   /  /20   AVAIL FLOW:       GPM

FIRE PUMP? [ ]  YES [ ]  NO TYPE: [ ]  DIESEL [ ]  ELECTRIC [ ]  GASOLINE [ ]  OTHER

JOCKEY PUMP? [ ]  YES [ ]  NO

1. DATE OF LAST FIRE PUMP TEST:   /  /20   GENERAL PUMP CONDITION:
2. LOCATION OF F.D. CONNECTION:       SIGN PROVIDED: [ ]  YES [ ]  NO

F.D. CONNECTION TYPE: [ ]  2½” N.S.T. [ ]  4” STORZ OTHER

1. 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

1. DOES FIRE ALARM SYSTEM RESPOND TO WATER FLOW AND TAMPER SIGNALS? [ ]  YES [ ]  NO [ ]  N/A
2. SPRINKLER HEADS: TYPE       MANUFACTURER

MODEL       TEMP RATING

YEAR MANUFACTURED       SPARE HEADS AVAILABLE [ ]  YES [ ]  NO

1. SPRINKLER HEADS UNOBSTRUCTED, CORRECT, AND SERVICEABLE? [ ]  YES [ ]  NO

 ANY RECALLED HEADS? [ ]  YES [ ]  NO ANY HEADS NEED TO BE REPLACED DUE TO AGE? [ ]  YES [ ]  NO

1. SUPERVISION OF VALVES: [ ]  SEALED [ ]  LOCKED [ ]  TAMPER SWITCH [ ]  WHEEL REMOVED
2. ARE ALL SPINKLER VALVES IDENTIFIED WITH SIGNS? [ ]  YES [ ]  NO
3. IS BUILDING VALVE ROOM HEATED? [ ]  YES [ ]  NO
4. IF DRY PIPE SYSTEM, WAS DRY PIPE VALVE TRIPPED, CLEANED, RESET? [ ]  YES [ ]  NO
5. IS DRY SYSTEM SUPERVISED FOR LOW AIR PRESSURE? [ ]  YES [ ]  NO
6. STATIC WATER PRESSURE       PSI AIR PRESSURE       PSI QUICK OPENING DEVICE [ ]  YES [ ]  NO
7. WAS FULL FLOW TRIP TEST PERFORMED (DRY SYSTEMS)? [ ]  YES [ ]  NO

 *IF YES, RECORD WATER DELIVERY TIME:* *MIN.* *SEC.*

1. ALL TEST CONNECTIONS, MAIN DRAIN VALVES, INSPECTORS TEST VALVES, CONTROL VALVES, AND HOSE CABINET/STATION VALVES OPERATED AS REQUIRED ANNUALLY? [ ]  YES [ ]  NO
2. ANY PRIVATE HYDRANTS ON PREMISES? [ ]  YES [ ]  NO

 *IF YES, PLEASE COMPLETED AND SUBMIT ANNUAL PRIVATE FIRE HYDRANT INSPECTION FORM FOR EACH HYDRANT WITH REPORT*

1. FOR ANTIFREEZE SYSTEMS: TYPE OF ANTIFREEZE USED:       %
2. WAS SPRINKLER SYSTEM LEFT IN SERVICE? [ ]  YES [ ]  NO IF NO, EXPLAIN IN DETAIL IN NOTES SECTION
3. WAS FIRE MARSHAL’S OFFICE NOTIFIED IF SYSTEM NOT IN SERVICE? [ ]  YES [ ]  NO
4. MONITORING AGENCY NAME AND TELEPHONE:
5. 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.

SIGNATURE OF INSPECTOR DATE:   /  /20

SIGNATURE OF BUILDING OWNER/REPRESENTATIVE DATE:   /  /20