**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