



Hopewell Twp. Fire District
201 Wash-Cross Pennington Rd
Titusville, NJ 08560
Email report to:
SYSTEMREPORTS@HOPEWLLTPWFIRE.ORG

INSPECTION AND TESTING FORM

DATE: _____

TIME: _____

SERVICE ORGANIZATION

Name: _____

Address: _____

Representative: _____

License No.: _____

Telephone: _____

MONITORING ENTITY

Contact: _____

Telephone: _____

Monitoring Account Ref. No.: _____

TYPE TRANSMISSION

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

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
- Semiannually
- Annually
- Other (Specify) _____

Model No.: _____

ALARM-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Manual Fire Alarm Boxes
_____	_____	Ion Detectors
_____	_____	Photo Detectors
_____	_____	Duct Detectors
_____	_____	Heat Detectors
_____	_____	Waterflow Switches
_____	_____	Supervisory Switches
_____	_____	Other (Specify): _____
_____	_____	_____

ALARM NOTIFICATION APPLIANCES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Bells
_____	_____	Horns
_____	_____	Chimes
_____	_____	Strobes
_____	_____	Speakers
_____	_____	Other (Specify): _____

No. of alarm notification appliance circuits: _____

Are circuits monitored for integrity? Yes No

SUPERVISORY SIGNAL-INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity	Circuit Style	
_____	_____	Building Temp.
_____	_____	Site Water Temp.
_____	_____	Site Water Level
_____	_____	Fire Pump Power
_____	_____	Fire Pump Running
_____	_____	Fire Pump Auto Position
_____	_____	Fire Pump or Pump Controller Trouble
_____	_____	Fire Pump Running
_____	_____	Generator In Auto Position
_____	_____	Generator or Controller Trouble
_____	_____	Switch Transfer
_____	_____	Generator Engine Running
_____	_____	Other: _____

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6) of signaling line circuits connected to system:

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 to operate system, in hours: _____ 24 _____ 60 _____

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"/>	_____	_____

SYSTEM TESTS AND INSPECTIONS

TYPE

TYPE	Visible	Functional	Comments
Control Unit	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interface Eq.	<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	Visible	Functional	Comments
Battery Condition	<input type="checkbox"/>		_____
Load Voltage		<input type="checkbox"/>	_____
Discharge Test		<input type="checkbox"/>	_____
Charger Test		<input type="checkbox"/>	_____
Specific Gravity		<input type="checkbox"/>	_____
TRANSIENT SUPPRESSORS	<input type="checkbox"/>		_____
REMOTE ANNUNCIATORS	<input type="checkbox"/>	<input type="checkbox"/>	_____
NOTIFICATION APPLIANCES			
Audible	<input type="checkbox"/>	<input type="checkbox"/>	_____
Visual	<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	Meas. 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"/>
_____	_____	<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"/>	_____	
INTERFACE EQUIPMENT		Visual	Device Operation	Simulated Operation	
(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"/>	_____	_____	
Supervisory Signal	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
Supervisory Restoration	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	
NOTIFICATIONS THAT TESTING IS COMPLETE		Yes	No	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: _____ _____					
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: _____					