



CHERRY HILL FIRE MARSHAL'S OFFICE

AUTOMATIC SPRINKLER SYSTEM TEST REPORT

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

PROPERTY NAME: _____

PROPERTY ADDRESS: _____

DATE OF INSPECTION: ____/____/____ INSPECTOR: _____

TESTING AGENCY NAME: _____

NJ-DFS BUSINESS PERMIT # _____ PHONE # _____

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? ____/____/____ RESULTS? _____
7. DATE OF LAST FLOW TEST: ____/____/____ AVAIL FLOW: _____ GPM
FIRE PUMP? YES NO TYPE: DIESEL ELECTRIC GASOLINE OTHER
JOCKEY PUMP? YES NO
8. DATE OF LAST FIRE PUMP TEST: ____/____/____ GENERAL PUMP CONDITION: _____
9. LOCATION OF F.D. CONNECTION: _____ SIGN PROVIDED? YES NO
F.D. CONNECTION TYPE: 2 1/2" N.S.T. 4" STORZ OTHER: _____
10. PRESSURE READING: STATIC: _____ PSI 2" FLOW: _____ PSI INSPECTORS VALVE: _____ PSI
GAGES 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
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 SPRINKLER 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 COMPLETE & SUBMIT CHFD PRIVATE HYDRANT INSPECTION FORM FOR EACH HYDRANT W/ 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.

Multiple horizontal lines for handwritten notes and explanations.

SIGNATURE OF INSPECTOR _____ DATE ____/____/____

SIGNATURE OF BUILDING OWNER/REPRESENTATIVE _____ DATE ____/____/____

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