

Collingswood Fire Department

20 West Collings Avenue
Collingswood, New Jersey 08108

LEA # 0412

856-854-1043 856-854-7447 FAX: 856-854-1279

Service/Contractor Name	Name: Address: City/State/Zip Contact: Telephone:	Property Name (User)
License No:	Contact Name: Telephone:	Approving Agency
Monitoring Entity		
Monitoring Acct. No.:		
Type Transmission <input type="checkbox"/> McCulloh <input type="checkbox"/> Multiplex <input type="checkbox"/> Digital <input type="checkbox"/> Reverse Priority <input type="checkbox"/> RF <input type="checkbox"/> Other (Specify)		Service <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Other (Specify)

Panel Manufacturer: _____	Model No.: _____
Circuit Styles: _____	No of Circuits: _____
Software Version: _____	Last Date of System Service: _____
Last Date that any software or configuration was revised: _____	

ALARM INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity Of	Circuit Style	
		MANUAL STATION(S)
		IONIZATION DETECTORS
		PHOTO DETECTORS
		DUCT DETECTORS
		HEAT DETECTORS
		WATERFLOW SWITCHES
		SUPERVISORY SWITCHES
		OTHER: (Specify)

ALARM INDICATING APPLIANCES AND CIRCUIT INFORMATION

Quantity Of	Circuit Style	
		BELLS
		HORNS
		CHIMES
		STROBES
		SPEAKERS
		OTHER: (Specify)

Number of Alarm Indicating Circuits: _____

Are Circuits Supervised?: Yes No

SUPERVISORY SIGNAL INITIATING DEVICES AND CIRCUIT INFORMATION

Quantity Of	Circuit Style	
		BUILDING TEMPERATURE
		SITE WATER TEMPERATURE
		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: (Specify)

SIGNALING LINE CIRCUITS

Quantity and style (See NFPA 72, Table 3-6.1) of signaling line circuits connected to system:

Quantity: _____

Style(s): _____

SYSTEM POWER SUPPLIES

a. Primary (Main) : Nominal Voltage _____, Amps _____

Overcurrent Protection: Type _____, Amps _____

Location (Panel Number): _____

Disconnecting Means Location: _____

b. Secondary (Standby):

_____ Storage Battery: Amp-Hr Rating _____

Calculated capacity of operating system, in hours: _____ 24 _____ 60 _____

_____ Engine-driven generator dedicated to fire alarm system:

Location of fuel storage: _____

TYPE OF BATTERY

- Dry Cell
- Nickel Cadmium
- Other (Specify) _____
- Sealed Lead-Acid
- Lead-Acid

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	VISUAL	FUNCTIONAL	COMMENTS
CONTROL PANEL	<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	VISUAL	FUNCTIONAL	COMMENTS
BATTERY CONDITION	<input type="checkbox"/>		_____
LOAD VOLTAGE		<input type="checkbox"/>	_____
DISCHARGE TEST		<input type="checkbox"/>	_____

CHARGER TEST		<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

Location and S/N	Device Type	Visual Check	Functional Test	Factory Setting	Measure 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 HALARD SYSTEMS

SPECIFY _____

SPECIFY _____

SPECIFY _____

SPECIAL PROCEDURES

COMMENTS

ON/OFF PREMISES MONITORING	YES	NO	TIME	COMMENTS
ALARM SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
ALARM RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
TROUBLE SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY SIGNAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
SUPERVISORY RESTORAL	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

NOTIFICATIONS THAT TESTING IS COMPLETE	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"/>	_____	_____

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: _____