

**Mayor**  
Chuck Chiarello

**Administrator**  
Joseph J. Alessandrino, Jr.

**Township Clerk**  
Lisa A. Tilton



## BUENA VISTA TOWNSHIP

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**Township Committee**  
John Armato  
Teresa Kelly  
Steve Martinelli  
John Williams

**Fire Marshal**  
Brian Murray

### FIRE ALARM INSPECTION REPORT

Alarm system put on test prior to testing by:

Inspection Test Date:

Last date system was serviced:

Any modifications or program updates since last inspected?

ALL FIELDS MUST BE FILLED

Service Company:		Property Name:	
Name		Name	
Address City State Zip Code		Address City State Zip Code	
Rep		Contact	
License #		Phone#	
Phone#		Building # or Name	

Monitoring Facility:		Monitoring Co. calls fire dept. dispatch # at 856-589-0911 <input type="checkbox"/> YES	
Account:		Phone #	

Panel Mfg		Model	
UL Commercial	<input type="checkbox"/> check one	UL Residential	<input type="checkbox"/> check one
All zones are properly labeled?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Building layout of fire alarm devices provided?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are fire alarm panels (reset/silence) locked from unauthorized use?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Does the fire alarm require pass-code to reset system?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Primary Power	Volts		Amps		Over current Protection	
Primary supply location				Disconnecting circuit		

### System Tests & Inspections

Type	Visual X	Functional X	Comments
<b>Control Panel</b>			
<b>Interface Equip</b>			
<b>Lamps/LEDs</b>			
<b>Fuses</b>			

#### Functional Test X

<b>Kitchen hood extinguishing switches?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>HVAC shut downs?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Elevator recall?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Electromechanical door releasing device?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Electromechanical locking devices release with fire alarm activation?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Does the system transmit a 24 hr test signal?</b>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<b>TIME:</b>

#### Secondary Power

Type	Visual	Functional	Comments
<b>Battery Condition</b>		x	Check for corrosion, leakage and overall visual condition of battery.
<b>Open Circuit Test</b>	NA		<b>Battery voltage with Meter</b>
<b>Load Voltage</b>	NA		Maximum Load (volts) across battery with AC power disconnected.
<b>Alarm Discharge</b>	NA		Maximum AMP load test. ( AC power disconnected – in series with battery)
<b>Charger Test</b>	NA		<b>Charger voltage with battery disconnected.</b>

Standby power

hr. Amp Hr. rating

Battery type

Other power

#### Remote Annunciators

Type	Visual X	Functional X	Comments/Location

## Notification Appliances

<i>B</i>	<i>Bells</i>	<i>S</i>	<i>Strobes</i>	<i>Other (specify)</i>
<i>H</i>	<i>Horns</i>	<i>SP</i>	<i>Speakers</i>	
<i>H/S</i>	<i>Horn/strobe</i>	<i>V</i>	<i>Voice</i>	

[illegible]

## Alarm Initiating Device & Appliances

<i>M</i>	<i>Manual Fire Alarm Boxes</i>	<i>I</i>	<i>Ion Detectors</i>	<i>CO</i>	<i>Carbon Monoxide</i>
<i>P</i>	<i>Photo Detectors</i>	<i>D</i>	<i>Duct Detectors</i>	<i>Other (Specify):</i>	
<i>H</i>	<i>Heat Detector</i>				
<i>H/S</i>	<i>Heat/Smoke</i>	<i>T</i>	<i>Tamper Switch</i>		
<i>SS</i>	<i>Supervisory Switches</i>	<i>WF</i>	<i>Water-flow</i>		

[illegible]

\*\*\*\* **Interface Equipment** \*\*\*\*

Equipment Type	Location (panel)	Visual X	FunctionalX	Line Number
RJ31X Jack 1				
RJ31X Jack 2				
Other				

ON/OFF Premise Monitoring

Signal Type	Received X	Not Received X	Comments

ATTACH CENTRAL STATION'S LOG OF THE TEST TO THIS REPORT

Supervisory Signal-Initiating Devices

Fire Pump Power	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire Pump Running	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire Pump Auto Position	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire Pump Controller Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Generator Engine Running	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Generator in Auto Position	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Generator or Controller Trouble	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Switch Transfer	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Special Alarm features:

Alarm Test Comments/Deficiencies:

\*\*\*\*Does this monitoring company dispatch the fire department for fire alarm signals\*\*\*\*

YES

NO

System Returned to Normal :	<input type="checkbox"/>	Date:		Time:	
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The testing was performed in accordance with applicable NFPA standards.

Inspected By:	
Signature:	
Date :	