

**FIRE ALARM / DETECTION
SYSTEM REPORT**

BUSINESS INFORMATION		REGISTRATION NUMBER:	
BUSINESS NAME:		STREET ADDRESS:	
MUNICIPALITY:	STATE:	ZIP CODE:	PHONE #:

ALL SYSTEMS REQUIRE SEPARATE INSPECTION FORM

	YES	NO	N/A
1. Fire alarm panel tested and operational:			
2. All smoke detectors were recalibrated and operate satisfactory:			
3. All heat detectors tested & operational:			
4. All visual alarms tested & operational:			
5. All manual alarm stations tested & operational:			
6. All bells or horns tested & operational:			
7. All speakers tested & operational:			
8. Preamplifier tested & operational:			
9. Voice tape tested & operational:			
10. Supervisory device circuits were tested & operational:			
11. Primary power supply tested & operational			
12. Secondary power supply tested & operational:			
13. Lamp and LED circuits were tested and are satisfactory:			

CERTIFICATION OF SYSTEM OPERATION

SRVICING COMPANY OR AGENT: _____

ADDRESS: _____

CITY, STATE, ZIP CODE, PHONE #: _____

THE ABOVE REFERENCED COMPANY/REPRESENTATIVES HEREBY ACKNOWLEDGES THAT THE ABOVE TESTS AND/OR CONDITIONS WERE FOUND UPON INSPECTION BY THRIE REPRESENTATIVES. AS A RESULT OF THE TESTS CONDUCTED, ALL SYSTEMS WERE FOUND TO BE OPERATING PROPERLY, ARE IN COMPLIANCE WITH N.J.A.C. 5:70-3.1 CHAPTER 5, PERIODIC INSPECTIONS, OF THE N.J. UNIFORM FIRE CODE.

SIGNED: _____ **DATE:** _____

COMPANY REPRESENTATIVE: _____