

**SPRINKLER SYSTEM
TEST REPORT**

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

ALL SYSTEMS REQUIRE SEPARATE INSPECTION FORM

1. Number of Sprinkler Systems(s): _____ Number Wet: _____ Number Dry: _____
2. Main Drain Test: _____ Static Pressure: _____ Residual Pressure: _____
3. Dry System Only – Is Air Pressure Maintained: _____ Date of Last Trip: _____

	YES	NO	N/A
4. Wet system flow tested thru inspector's test valve?			
5. Did alarms sound when tested thru inspector's test valve?			
6. Do pressure gauges, water and/or air indicate pressure in the system?			
7. Were Control Valves found OPEN?			
8. Control Valves Locked Open: () OR Electrically Supervised: ()			
9. Waterflow Alarms Tested O.K. ? () Local () Supervisory			
10. Are replacement heads and wrench on hand?			
11. Are Fire Department connections & caps in good condition?			
12. Are there any UNSPRINKLERED areas?			
13. Are there any apparent painted or loaded heads?			
14. Are sprinklers obstructed by high piled stock?			
15. Are areas around control valves & inspector's test valves accessible?			
16. Are hose stations clean and accessible?			
17. Do hoses and nozzles appear to be in good condition?			
18. Is a fire pump(s) maintained?			
19. Are the fire pump(s) started monthly?			
20. Are Non-freeze loops and anti-freeze solution in acceptable condition?			
21. Are all signs in place?			
22. Have personnel been instructed on emergency procedures?			
23. Wet systems – Are building(s) adequately heated?			
24. Dry systems – Are valve locations adequately heated?			
25. Did you place any remarks or comments on the back of this form?			

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. 5:70-3.2(a)5, F-506.1 WATER-BASED FIRE PROTECTION SYSTEMS, OF THE N.J. UNIFORM FIRE CODE.

SIGNED: _____ **DATE:** _____

COMPANY REPRESENTATIVE: _____