



CITY OF VINELAND FIRE PREVENTION BUREAU

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 WEBSITE: www.vinelandcity.org/

FIRE ALARM SYSTEM INSPECTION REPORT

PROPERTY NAME _____ DATE TESTED ____-____-____

PROPERTY ADDRESS _____

ALARM COMPANY _____ ADDRESS _____

LICENSE PERMIT # _____ INSPECTOR(PRINT) _____

PRIOR TO TESTING: NOTIFICATION MADE TO BUILDING OCCUPANTS AND MONITORING COMPANY:

DISPATCHER# _____ MONITORING COMPANY _____

MONITORING CO. PHONE# _____ ACCOUNT # _____

FIRE ALARM PANEL LOCATION _____

FIRE ALARM ANNUNCIATORS LOCATIONS _____ NA

FIRE ALARM PANEL MANUFACTURER _____

- | | | | |
|--|------------------------------|-----------------------------|------------------------------|
| 1. FIRE ALARM (FA) PANEL IS LOCKED AND SECURED FROM UNAUTHORIZED USE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 2. FIRE ALARM HAS A KEYPAD TO ENTER A RESET CODE | <input type="checkbox"/> YES | | <input type="checkbox"/> N/A |
| 3. DOES FIRE ALARM PANEL REQUIRE A CODE TO RESET ALARM | <input type="checkbox"/> YES | | <input type="checkbox"/> N/A |
| 4. DOES MANAGEMENT HAVE ALL MANUAL PULL BOXES AND RESET KEYS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 5. MANAGEMENT HAS BEEN ADVISED OF PROPER ALARM OPERATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 6. ALARM DISPATCHES PROPER BUSINESS NAME, ADDRESS AND/OR SUITE # | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 7. FIRE ALARM SIGNALS CALLS CUMB. COUNTY DISPATCH @ 856-696-0194 | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 8. FIRE ALARM IS UL LISTED FOR COMMERCIAL USE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 9. FIRE ALARM COMMUNICATOR HAS 2 PHONE LINES-SPECIFY IF OTHER COMMUNICATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 10. ARE THE PHONE LINES AND JACKS ATTACHED AND IN SERVICE | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 11. DOES FIRE ALARM PERFORM A 24 HOUR TEST SIGNAL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 12. ALL AUDIBLE/ VISUAL TROUBLE SIGNALS TESTED AND RECEIVED AT FA PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 13. ALL AUDIBLE/ VISUAL SUPERVISORY SIGNALS TESTED AND RECEIVED AT FA PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 14. ALL FIRE ALARM SIGNALS TESTED AND RECEIVED AT FA PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 15. ALL FIRE ALARM SIGNALS ACTIVATED NOTIFICATION DEVICES | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 16. WAS A ALARM FOR EACH ZONE SIMULATED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 17. WERE ALL ALARM SIGNALS RECEIVED BY MONITORING COMPANY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 18. TOTAL # OF ZONES _____ ARE ALL ZONES LABELED CORRECTLY | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| 19. IS THERE A ZONE LIST POSTED BY FIRE ALARM PANEL | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 20. DOES FIRE ALARM HAVE INDEPENDENT ALARM ZONE SHUT OFFS | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 21. ELEVATOR RECALL TESTED AND PASSED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 22. H V A C DETECTORS SHUTDOWN UNIT OPERATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 23. ALARM VERIFICATION FEATURE IS <input type="checkbox"/> DISABLED <input type="checkbox"/> ENABLED | | | |
| 24. GROUND FAULT MONITORING | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 25. TELEPHONE/ PA COMMUNICATIONS TESTED AND PASSED | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 26. ALL ELECTRIC DOOR LOCKS, MAG LOCKS & HOLDERS RELEASE UPON FA ACTIVATION | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |
| 27. ARE ALL FIRE ALARM DEVICES IN THE BUILDING TIED INTO THE FIRE ALARM SYSTEM | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |

ALL "NO" ANSWERS SHALL BE EXPLAINED UNDER "SYSTEM IMPAIRMENTS NOT REPAIRED"

IMPAIRMENTS CORRECTED DURING TEST INSPECTION

SYSTEM IMPAIRMENTS NOT REPAIRED

RECOMMENDATIONS ONLY
