



Westampton Township Emergency Services
 Bureau of Fire Prevention
Office of the Fire Marshal
 780 Woodlane Road Westampton, New Jersey 08060
 Phone (609) 267-2041 ext. 215 Fax (609) 267-3305
 www.westamptonfire.org FireMarshal@westamptonfire.org

This form must be faxed or mailed to the Westampton Township Emergency Services Bureau of Fire Prevention within 48 hours of test completion.

WATER BASED FIRE PROTECTION SYSTEM TEST REPORT

**Only this document will be accepted by the Westampton Township Emergency Services Bureau of Fire Prevention for water based fire protection testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable N.F.P.A. Standards

DATE: _____
TIME: _____

SERVICE ORGANIZATION

Name: _____
 Address: _____
 Representative: _____
 License #: _____
 Telephone: _____

PROPERTY NAME (USER)

Name: _____
 Address: _____
 Owner Contact: _____
 Telephone: _____

SERVICE Weekly Monthly Quarterly Annually

Wet Sprinkler System Inspection

Prior inspection reports, logs and test data on site?
 Plans of systems on site?

Y	N/A	N

Modifications to system documented?
 Weekly logs of inspections on file?

Y	N/A	N

Sprinkler supply gauge: _____ psi
 Sprinkler system gauge: _____ psi

Sprinkler supply gauge with main drain flow _____ psi.
 Sprinkler system gauge with main drain flow _____ psi.

	Y	N/A	N
System in service on inspection			
Sprinkler control valve locked/tamper open			
Standpipe control valve locked/tamper open			
Backflow valve locked open/tamper			
Anti-freeze system valve locked/tamper open			
Tamper switches appear operational			
Valve area accessible			
Control valves accessible			
Pressure regulating valve is open			
Pressure regulating valve in good condition			
Pressure regulating valve leak tight			
Pressure regulating valve maintaining down-stream pressure per design criteria			
Pressure relieve valve in closed position except when operational			
Pressure relieve false in good condition			
Pressure relief valve leak tight			
Pressure relieve valve maintaining up-stream pressure per design criteria			
Main check valve holding pressure			
Alarm check valve exterior free of damage			
Water flow switch operational			
Trim piping leak tight			
Retard chamber leak tight			
Alarm drain drip tight when not operational			
Trim valves in appropriate position			
Alarm test line valve closed			
FDC plainly visible			
FDC easily accessible			
FDC swivels non-binding rotation			
FDC caps/plugs in place			
FDC gaskets/signs in place			
FDC check valve drip free			
FDC ball drip drain drip free			
Exterior alarms appear operational			
Interior alarms appear operational			
Extra heads in spare head cabinet			
Heads appear of proper temperature			
Head wrench for each type of head			
Head in cooler appears free of ice, corrosion			
Head appears free of leakage or damage			

	Y	N/A	N
Head appears free of paint			
Heads appear free of non approved coverings			
Standard head less than 50 year			
Residential head less than 20 year			
Wall hydrant plainly visible			
Wall hydrant easily accessible			
Wall hydrant identification plate in place			
Hose/hydrant house free of damage			
Hose/hydrant house fully equipped			
Hose/hydrant house is accessible			
Wet pipe areas appear properly heated			

Hydraulic nameplate attached			
Strainers and filters cleaned			
Exterior alarms properly identified			

Main drain flow test with _____ inch valve full open			
Water flow alarm devices activated			
Interior building alarms operating			
Exterior alarms operating			
Inspectors test flow _____ psi			
Time to ring alarm from alarm check valve ____ min ____ sec			
Time to ring alarm from alarm pressure switch __ min __ sec			
Gauges appear operating properly			
Did alarm supervisory company receive signal			
Did alarm panel reset properly			

Prior to freezing season, owner is resp. for bldg to be in secure condition and properly heated			
Visual: bracing and piping are secure, attached and in good condition			
Piping appears free of leakage			
Piping appears free of corrosion			
Piping appears properly aligned			
Piping appears free of external loads			
Sprinklers appear free of corrosion			
Sprinklers appear properly positioned			
Sprinklers appear properly spaced			
Sprinklers free of foreign material			
Sprinkler spray patterns appear free of obstructions			

Control valve lubricated	Y	N/A	N
Control valve operated to closed position and returned to open position			
Backflow assembly control valves lubricated			
Backflow assembly valve operated and returned to open position			
Post indicator valve operated with number of turns recorded _____			
Post indicator valve returned to open position (valves left 1/4 turn from wide open)			
Antifreeze solution checked to provide adequate freeze protection (protection temp _____ °F)			

TEST FREQUENCY ITEMS OF 5 YEARS OR GREATER

Internal inspection last date (5 years) _____	Y	N/A	N
Alarm check valve			
Flow tested pressure regulating control valves*****			
Make			
Model			
Size			
Date			
Check valve			
Strainers			
Filters			
Trim orifices			
Other			
Gauge maintenance: date last tested (5 year) _____			
Replaced date			
Calibrated date			
Sprinkler maintenance test			
(5 year)			
High temp. date _____			
(20 year, then 10 year thereafter)			
Fast response date _____			
Residential head 20 year			
(50 year, then 10 year thereafter)			
Standard sprinkler date _____			

***** Provide additional pages if necessary to record the:
 Volume of flow _____ gpm
 Supply side pressure _____ psi
 System side pressure _____ psi

Comments:

ALL "NO" ANSWERS TO BE FULLY EXPLAINED

NOTIFICATION THAT TESTING IS COMPLETE

			Who	Time
Building Management	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Monitoring Agency	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Building Occupants	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

The following did not operate correctly/deficiencies noted: _____

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: _____