



Wall Township Fire Prevention
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CARBON MONOXIDE DETECTOR TEST FORM

Facility Name: _____

Address: _____

RECORD MONTHLY TEST RECORDS OF ALL EQUIPMENT ON THIS FORM

Date of Test	Who Tested?	# of Units Tested	# Needing Repairs	Repairs Made
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				

The above tests were conducted in accordance with manufacturer's directions.

Monthly test of Carbon Monoxide Alarms pursuant to N.J.A.C . 5:70-4.9d

Commercial buildings and facilities are required to perform monthly life-safety equipment checks, annual life-safety equipment inspections and all records maintained on-site. Pursuant to the New Jersey

Division of Fire Safety, the owner / occupant of a location must conduct monthly inspections of Carbon Monoxide Alarm's and maintain a paper **Test Log** indicating compliance with same (5:70-4-9d).

All inspection test records should be presented to the Fire Inspector during the annual fire inspection.