

Spokane
FIRE DEPARTMENT
Fire Prevention Bureau

44 W. Riverside Ave., Spokane, WA 99201-0189
Telephone (509) 625-7000 Fax (509) 625-7006

AUTOMATIC SPRINKLER SYSTEM INSPECTION REPORT

Annual inspection 5-year inspection

ALL INSPECTION AND TESTING MUST BE PERFORMED IN ACCORDANCE WITH NFPA 25

Name of Facility _____
Building Name or No. _____ Type of Occupancy _____
Address _____ City _____ ZIP _____
Telephone _____ Dir./Adm. _____ Conferred with _____
Inspected by _____ Title _____ Date _____
Washington State Fire Sprinkler System Contractor License No. _____

Type of systems being tested:

<input type="checkbox"/> Dry sprinkler system	<input type="checkbox"/> Preaction
<input type="checkbox"/> Wet sprinkler system	<input type="checkbox"/> Dry - Partial Coverage
<input type="checkbox"/> Wet - Partial Coverage	<input type="checkbox"/> Deluge
<input type="checkbox"/> Combination (Sprinkler and Standpipe - common riser)	<input type="checkbox"/> Other

AN INDIVIDUAL INSPECTION/TEST FORM AND FILING FEE ARE REQUIRED FOR EACH SYSTEM TESTED.

A FIRE SPRINKLER SYSTEM IS DEFINED AS INTEGRATED COMPONENTS SUCH AS PIPING, SPRINKLER HEADS, VALVES, AND OTHER RELATED EQUIPMENT THAT CAN OPERATE INDEPENDENTLY, SERVICES ALL OR A PORTION OF A BUILDING, AND STEMS FROM A BACKFLOW PREVENTER ASSEMBLY.

NOTE TO OWNER / OCCUPANT:

All fire sprinkler systems are presumed and required to be fully operational and maintained at all times. Fire sprinkler system deficiencies and malfunctions are the responsibility of the building/property owner and shall be repaired immediately.

A. **OWNER'S SECTION** (answers may be obtained from the owner or occupant)

1. Explain any occupancy hazard changes since the previous inspection. _____

2. Describe fire protection modifications since the previous inspection. _____

3. Describe any fires since previous inspection. _____

4. Is the building currently occupied? YES ____ NO ____ Are all sprinkler systems in service? YES ____ NO ____

B. **INSPECTOR'S SECTION** (all responses reference current inspection)

1. **GENERAL**

YES NO NA

- a. Was the system piping *internally* checked for obstruction, corrosion, or foreign material? _____
- b. Was the system-piping checked for proper pitch? ...When? _____
- c. Is a hydraulic nameplate with legible information securely attached to each riser? _____
- d. Is there a minimum of 18 in. (457 mm) clearance between the top of storage and sprinkler deflectors? _____
- e. In areas protected by wet systems, does the building appear to be properly heated in all areas, including blind attics and perimeter areas where accessible? _____
- f. Are all valves and piping adequately protected from freezing? _____
- g. Do all exterior openings appear to be protected against freezing? _____
- h. Is this system supplemented by a fire pump? _____
- i. Is this system composed of more than one riser? YES NO HOW MANY? _____
- j. Does this system provide protection to more than one building? YES NO HOW MANY? _____
- k. Is this building protected by more than one system? YES NO HOW MANY? _____

2. **CONTROL VALVES**

- a. Are all sprinkler system control valves and all other valves in the appropriate open or closed position? _____
- b. Are all control valves in the open position and locked, or equipped with a tamper switch? _____
- c. Control Valve Maintenance Table

CONTROL VALVES	NO.	TYPE	SECURED	CLOSED	SIGNS	CONDITION
City connection control valve						
Tank control valves						
Pump control valves						
Sectional control valves						
System control valves						
Other control valves						

3. **WATER SUPPLIES**

- a. Was water flow test of main drain made at the sprinkler riser? _____
- b. Water flow test at sprinkler riser:

Water supply source _____ City _____ Tank _____ Pump _____

	Date	Test Pipe Location	Test Pipe Size	Static Pressure	Residual (Flow) Pressure
Original residual pressure					
Last water flow test					
This water flow test					

		YES	NO	NA
4. TANKS, VALVES, PUMPS, FIRE DEPARTMENT CONNECTIONS				
a.	Was the fire department connection check valve cleaned and back flushed from check valve to FDC?	_____	_____	_____
b.	Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?	_____	_____	_____
c.	Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?	_____	_____	_____
d.	Are the fire department connections accessible and visible?	_____	_____	_____
e.	Was the backflow preventer properly flushed, tested, and maintained?	_____	_____	_____
5. PIPING, HANGERS AND BRACING				
a.	Does this system utilize any thin-wall piping? Type? _____	_____	_____	
b.	Are all hangers, brackets, and bracing properly secured and connected?	_____	_____	
c.	Does the exterior condition of the sprinkler system appear satisfactory?	_____	_____	
d.	Was the piping flushing procedure conducted as per NFPA 25 ? (every 5 years or more often as necessary)	_____	_____	_____
6. ALARM DEVICES				
a.	Did water motor and gong test satisfactorily?	_____	_____	_____
b.	Did electric alarm test satisfactorily?	_____	_____	_____
c.	Did supervisory alarm test satisfactorily?	_____	_____	_____
7. SPRINKLER HEADS	(number of heads _____)			
a.	Are all sprinklers free from corrosion, damage, or obstruction to spray discharge?	_____	_____	_____
b.	Are heads installed in the proper orientation?	_____	_____	_____
c.	Are standard sprinkler heads less than 50 years old, QR heads less than 20 years?	_____	_____	_____
d.	Is appropriate stock of sprinkler heads available?	_____	_____	_____
e.	Are sprinkler temperature ratings appropriate for their locations?	_____	_____	_____
8. HEAT/SMOKE/FLAME RESPONSIVE DEVICES				
a.	Test Method _____			
b.	Type of Equipment _____			
c.	Number of devices _____ Type _____ Test Results _____			

INDIVIDUAL RISER REPORTING FORM

For each *sprinkler system*, an individual *riser* reporting form shall be attached for each riser found within the system. Multiple *individual risers* found within one system might include, as an example, two wet risers and one dry pipe riser. Thus, we would require one sprinkler system report with three individual riser reports attached.

RISER IDENTIFICATION – Use a # or description unique to this individual riser

	YES	NO	NA
1. WET SYSTEM RISER			
a. Are all valves and piping protected from freezing ?	_____	_____	_____
b. Is this <u>wet</u> system equipped with a remote inspector’s test valve?.....	_____	_____	
c. Was water flowed through this remote inspector’s test?	_____	_____	_____
2. DRY SYSTEM RISER			
a. Is the dry valve in service?	_____	_____	_____
b. Are the air pressure and priming water level in accordance with the manufacturer’s instructions?	_____	_____	_____
c. Has the operation of the air or nitrogen supply been tested? (less than 10 psi/week loss) Is it in service?	_____	_____	_____
d. Were low points drained and piping blown down during this inspection?	_____	_____	_____
e. Did quick opening devices operate satisfactorily?	_____	_____	_____
f. Time required for water to be delivered to remote inspectors test connection	_____		
g. Did the dry valve trip properly during the trip pressure test?	_____	_____	_____
h. Did the heating equipment in the dry-pipe valve room operate properly at the time of inspection?	_____	_____	_____
i. Date dry-pipe valve trip tested (control valve <u>partially</u> open). (see “Control Valve Maintenance Table”)	_____		
j. Date dry-pipe valve trip tested (control valve <u>completely</u> open). (see “Control Valve Maintenance Table”)	_____		
k. Date quick-opening device tested. (see “Control Valve Maintenance Table”).....	_____		
3. COMBINATION SYSTEM (Sprinkler and Standpipe with a common riser)			
a. With 500 GPM flowing at highest outlet, what was the PSI at that outlet?	_____		
4. SPECIAL SYSTEMS			
a. Did the deluge or pre-action valves operate properly during testing?	_____	_____	_____
b. Did the heat responsive, smoke, or other initiation devices operate during testing?	_____	_____	_____
c. Did the supervisory devices operate during testing?	_____	_____	_____
d. Date deluge or pre-action valve tested. (see “Control Valve Maintenance Table”)	_____		
e. For antifreeze systems, have antifreeze solutions been tested and found acceptable? ..	_____	_____	_____

INSPECTOR'S COMMENTS AND INSPECTION CERTIFICATION

- 1. Explain any "NO" answers and comments. _____

- 2. Adjustments or corrections made during this inspection. _____

- 3. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

This is to certify that this automatic sprinkler system has been inspected in accordance with the standards adopted by the Washington State Fire Marshal, Spokane Fire Department, and NFPA Standards 13, 13A, and 25.

Name of inspecting firm _____
Fire Sprinkler Contractor License. # _____ Expiration date _____
Mailing address _____

IT IS MANDATORY THAT THIS SECTION BE COMPLETED

All fire sprinkler systems are presumed and required to be fully operational and maintained at all times. Fire sprinkler system deficiencies and malfunctions are the responsibility of the building/property owner and shall be repaired immediately.

WERE ANY/ALL DEFICIENCIES CORRECTED? YES NO EXPLAIN: _____

HAS THIS SYSTEM PASSED IN ACCORDANCE WITH STANDARDS ADOPTED BY THE WASHINGTON STATE FIRE MARSHAL, SPOKANE FIRE DEPARTMENT, AND N.F.P.A. STANDARDS 13, 13a, AND 25?
YES NO IF "NO," EXPLAIN ABOVE.

Name _____ Title _____ Date _____
(signature of servicer inspecting/testing system)

Name (print) _____ SFD registration # _____

Name _____ Title _____ Date _____
(signature of facility owner or representative)

Name (print) _____

