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. ________________ Confirmed with ________________

Inspected by ___________________ Title ___________________ Date ________________

Washington State Fire Sprinkler System Contractor License No. ________________________________

Type of systems being tested:

[  ]  Dry sprinkler system  [  ]  Preaction

[  ]  Wet sprinkler system  [  ]  Dry – Partial Coverage  [  ]  Deluge

[  ]  Wet – Partial Coverage  [  ]  Combination  (Sprinkler and Standpipe - common riser)  [  ]  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**
   a. Was the system piping *internally* checked for obstruction, corrosion, or foreign material? YES  NO  NA
   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 defectors? ________________________________
   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 .................................................................

<table>
<thead>
<tr>
<th>CONTROL VALVES</th>
<th>NO.</th>
<th>TYPE</th>
<th>SECURED</th>
<th>CLOSED</th>
<th>SIGNS</th>
<th>CONDITION</th>
</tr>
</thead>
<tbody>
<tr>
<td>City connection control valve</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Tank control valves</td>
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<tr>
<td>Pump control valves</td>
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<tr>
<td>Sectional control valves</td>
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<tr>
<td>System control valves</td>
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<tr>
<td>Other control valves</td>
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3. **WATER SUPPLIES**
   a. Was water flow test of main drain made at the sprinkler riser? ...........................................
   b. Water flow test at sprinkler riser: .................................................................

<table>
<thead>
<tr>
<th>WATER SUPPLIES</th>
<th>Date</th>
<th>Test Pipe Location</th>
<th>Test Pipe Size</th>
<th>Static Pressure</th>
<th>Residual (Flow) Pressure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Water supply source</td>
<td></td>
<td>City</td>
<td>Tank</td>
<td>Pump</td>
<td></td>
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<tr>
<td>Original residual</td>
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<tr>
<td>pressure</td>
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<tr>
<td>Last water flow test</td>
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<tr>
<td>This water flow test</td>
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</table>
4. **TANKS, VALVES, PUMPS, FIRE DEPARTMENT CONNECTIONS**
   a. Was the fire department connection check valve cleaned and back flushed from check valve to FDC?  
      ![Checklist](YES NO NA)
   b. Are fire department connections in satisfactory condition, couplings free, caps in place, and check valves tight?  
      ![Checklist](YES NO NA)
   c. Are fire pumps, gravity tanks, reservoirs, and pressure tanks in good condition and properly maintained?  
      ![Checklist](YES NO NA)
   d. Are the fire department connections accessible and visible?  
      ![Checklist](YES NO NA)
   e. Was the backflow preventer properly flushed, tested, and maintained?  
      ![Checklist](YES NO NA)

5. **PIPING, HANGERS AND BRACING**
   a. Does this system utilize any thin-wall piping?  
      Type: ____________________  
      ![Checklist](YES NO NA)
   b. Are all hangers, brackets, and bracing properly secured and connected?  
      ![Checklist](YES NO NA)
   c. Does the exterior condition of the sprinkler system appear satisfactory?  
      ![Checklist](YES NO NA)
   d. Was the piping flushing procedure conducted as per NFPA 25?  
      *(every 5 years or more often as necessary)*  
      ![Checklist](YES NO NA)

6. **ALARM DEVICES**
   a. Did water motor and gong test satisfactorily?  
      ![Checklist](YES NO NA)
   b. Did electric alarm test satisfactorily?  
      ![Checklist](YES NO NA)
   c. Did supervisory alarm test satisfactorily?  
      ![Checklist](YES NO NA)

7. **SPRINKLER HEADS**  
   *(number of heads __________)*
   a. Are all sprinklers free from corrosion, damage, or obstruction to spray discharge?  
      ![Checklist](YES NO NA)
   b. Are heads installed in the proper orientation?  
      ![Checklist](YES NO NA)
   c. Are standard sprinkler heads less than 50 years old, QR heads less than 20 years?  
      ![Checklist](YES NO NA)
   d. Is appropriate stock of sprinkler heads available?  
      ![Checklist](YES NO NA)
   e. Are sprinkler temperature ratings appropriate for their locations?  
      ![Checklist](YES NO NA)

8. **HEAT/SMOKE/FLAME RESPONSIVE DEVICES**
   a. Test Method  
      ![List](________________________)
   b. Type of Equipment  
      ![List](________________________)
   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**

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### 1. WET SYSTEM RISER

- a. Are all valves and piping protected from freezing? .................................................................
- b. Is this wet 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) ..............
- 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 partially open). (see “Control Valve Maintenance Table”) ..........................................................
- j. Date dry-pipe valve trip tested (control valve completely 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? .....
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 NFPA 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) ___________________________

Sprinkler insp report 5/07/03