



CITY OF **LACEY**

CITY OF LACEY
Community Development Dept.
420 College Street SE
Lacey, WA 98503
(360) 491-5642

**Automatic Sprinkler System
Confidence Test Report**

Occupancy Name _____ Insp. Date ___ / ___ / ___

Occupancy Address _____

Contact Person _____ Telephone _____

Riser # _____ Type _____ System I.D. # (on riser) _____
(Use only one report per riser, please. Use addendum for additional risers.)

Type of Occupancy: Retail Offices Assembly Industrial Storage Other _____

OWNER'S SECTION

1. Check current hazards

<input type="checkbox"/> Use or Storage of Hazardous Materials	<input type="checkbox"/> High Rise (5 stories or more)
<input type="checkbox"/> Stock Piled Over 12' High	<input type="checkbox"/> High Rack Storage
<input type="checkbox"/> Other _____	
2. Date of last inspection: _____
3. Fire protection modifications since last inspection: _____
4. Describe any change of occupancy use since last inspection: _____
5. Date (approximate if unknown) sprinkler system installed: _____
6. Type of business at that time: _____
7. When was the system piping last checked for stoppage, corrosion or foreign material? *(Required every 5 years)* _____

INSPECTOR'S SECTION

(All responses reference current inspection)

1. GENERAL	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a. Is the system hydraulically designed?	_____	_____	_____
b. If hydraulically designed, are risers properly marked per NFPA 13?	_____	_____	_____
Discharge density _____ Per _____ Sq. ft. residual pressure @ riser _____			
Gallons per min. _____			
c. If not hydraulically designed, indicate the piping schedule:			
Light _____ Ordinary _____ Extra _____			
d. Are all areas of the building provided with sprinkler protection per NFPA 13?	_____	_____	_____
e. Record water pressure at riser _____			
f. Record max height of riser (stories OR feet) _____			
g. Is the building occupied?	_____	_____	_____
h. Is there a minimum of 18 in. (457 mm) clearance between the top of the storage and sprinkler deflectors?	_____	_____	_____
i. Is all sprinkler piping protected against freezing?	_____	_____	_____

2.	CONTROL VALVES	<u>YES</u>	<u>NO</u>	<u>N/A</u>
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 sealed?	_____	_____	_____
c.	Are all control valves properly signed?	_____	_____	_____
3.	TANKS, PUMP, FIRE DEPARTMENT CONNECTIONS	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?	_____	_____	_____
b.	Has annual test for fire pump been performed?	_____	_____	_____
c.	Are fire department connections in satisfactory condition, couplings free, caps in place, check valves tight, and drop valves functional?	_____	_____	_____
d.	FDC backflushed within past five years?	_____	_____	_____
4.	WET SYSTEMS	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Are all cold weather valves in the appropriate open or closed position?	_____	_____	_____
b.	Have antifreeze system solutions been tested?	_____	_____	_____
c.	Were the antifreeze test results satisfactory?	_____	_____	_____
d.	Is building adequately heated?	_____	_____	_____
5.	DRY SYSTEMS	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Is the dry pipe valve in service?	_____	_____	_____
b.	Is the air pressure & priming water level in accordance with manufacturer's instructions?	_____	_____	_____
c.	Has the operation of the air or nitrogen supply been tested?	_____	_____	_____
d.	Were low points drained during this inspection?	_____	_____	_____
e.	Did quick-opening devices operate satisfactorily?	_____	_____	_____
f.	Was dry pipe valve tripped during this inspection? (Attach data)	_____	_____	_____
g.	Did heating equipment in the dry-pipe valve room operate properly at the time of inspection?	_____	_____	_____
h.	Internal exam of piping conducted in _____ (Year) (Required every 5 years)	_____	_____	_____
i.	Was the dry piping checked for proper pitch?	_____	_____	_____
6.	ALARMS	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Did water motor gong test satisfactorily?	_____	_____	_____
b.	Did electric alarm operate satisfactorily?	_____	_____	_____
c.	Central Station monitoring verified? _____ By whom? _____	_____	_____	_____
d.	Water flow alarm activation verified?	_____	_____	_____
e.	Valve supervision verified?	_____	_____	_____
7.	SPRINKLERS	<u>YES</u>	<u>NO</u>	<u>N/A</u>
a.	Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	_____	_____	_____
b.	Are all sprinkler heads less than 50 years old?	_____	_____	_____
c.	Is stock of spare sprinklers and special head wrench available?	_____	_____	_____
d.	Does the exterior condition of the sprinkler system appear to be satisfactory?	_____	_____	_____
e.	Temperature. Are sprinklers proper temperature ratings for their locations?	_____	_____	_____
f.	Approximate number of sprinklers in system _____	_____	_____	_____
g.	Date and name of company performing inspection posted on system main valve: _____	_____	_____	_____

8. Date dry-pipe valve trip tested (control valve partially open). (See Trip Test Table that follows.) _____
9. Date dry-pipe valve trip tested (control valve fully open). (See Trip Test Table, that follows – do every third year.) _____
10. Date quick-opening device tested. (Required every year.) _____

DRY PIPE OPERATING TEST									
DRY VALVE					Q.O.D.				
MAKE		MODEL		SERIAL NO.	MAKE		MODEL		SERIAL NO.
Q.O.D. TRIP OK	TIME TO TRIP THRU TEST PIPE		WATER PRESSURE	INITIAL AIR PRESSURE	TRIP POINT AIR PRESSURE	TIME WATER REACHED TEST OUTLET		ALARM OPERATED LOCAL	ALARM OPERATED REMOTE
	MIN.	SEC.	PSI	PSI	PSI	MIN.	SEC.		
IF NO, EXPLAIN:									

11. List water flow tests of main drain made at sprinkler riser:

Date	Test Pipe Location	Size Test Pipe	Static Pressure	Residual (Flow) Pressure

12. Explain any “No” answers and comments:

13. Adjustments or corrections made during this inspection:

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

SPECIAL SYSTEMS

- | | | | |
|---|------------|-----------|------------|
| | <u>YES</u> | <u>NO</u> | <u>N/A</u> |
| a. Did the deluge or pre-action valves operate properly during testing? | _____ | _____ | _____ |
| b. Did the fire detection devices operate during testing? | _____ | _____ | _____ |
| c. Did the supervisory devices operate during testing? | _____ | _____ | _____ |

DELUGE & PREACTION VALVES	Operation: <input type="checkbox"/> Pneumatic <input type="checkbox"/> Electric <input type="checkbox"/> Hydraulic							
	Piping Supervised <input type="checkbox"/> Yes <input type="checkbox"/> No				Detecting Media Supervised <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Does Valve Operate From the Manual Trip and/or Remote Control Stations <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Is there an Accessible Facility in Each Circuit For Testing <input type="checkbox"/> Yes <input type="checkbox"/> No							
	If No, Explain:							
		Make	Model	Does Each Circuit Operate Supervision Loss Alarm		Does Each Circuit Operate Valve Release		Maximum Time to Operate Release
			Yes	No	Yes	No	Min.	Sec.

Auxiliary Equipment: No.? _____ Type? _____ Location? _____ Test Results? _____

System <input type="checkbox"/> is operational <input type="checkbox"/> is operational with defects <input type="checkbox"/> is not operational
This is to certify that this automatic sprinkler system has been inspected and tested in accordance with the standards adopted by the Washington State Fire Marshal and N.F.P.A., Standards 13 and 25.
Name of Firm _____ Phone # _____
Mailing Address _____
Name _____ Title _____ Date _____ <i>(Signature of Inspecting Official or Technician)</i>
Name _____ Title _____ Date _____ <i>(Signature of Business Owner or Representative)</i>

THIS ORIGINAL FORM SHALL BE RETURNED TO:

Confidence Testing
City of Lacey
420 College Street SE
Lacey, WA 98503

For assistance, contact the Building Official & Fire Marshal Office at (360) 491-5642