

Automatic Dry Pipe Fire Sprinkler Report of Test/Inspection



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Company:	CTU	Date:	November 1, 2011
Address:	326 South State Street	Technician:	Joshua Clark
City, State, Zip:	Salt Lake City, Utah 84104	System Name:	
Contact Name:	Jack Bauer	Special Instructions:	**THIS IS AN EXAMPLE ONLY**
E-Mail:	Jack@CTU.gov		
Phone:	801-867-5309		
Fax:			

Technician Signature:

Customer Signature:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted.
Except as noted, the building is occupied with the same occupancy classification and hazard of contents as last inspection. Also, the system has remained in service without modification and been free of actuation of devices or alarms.

- Monthly
 Quarterly
 Semi-Annual
 Annual
 5 Year
 Other

Building	Quarterly Test/Inspection (Continued)
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<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the building occupied?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has the occupancy classification and hazard of contents remained the same since the last inspection?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are all fire protection systems in service?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Has the system remained in service without modification since the last inspection?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was the system free of actuation of devices or alarms since the last inspection?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire Department Connections: Visible, accessible, couplings and swivels not damaged and rotate smoothly, plugs or caps in place and undamaged, gaskets in place and in good condition, identification sign(s) in place, check valve not leaking, clapper is in place and operating properly, and automatic drain valve in place and operating properly?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Mechanical waterflow alarm devices passed tests by opening the inspector's test connection or bypass connection with alarms actuating and waterflow observed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Post indicating valves opened until spring or torsion is felt in the rod, then closed back one-quarter turn?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the priming level correct and has the low air pressure signal passed its test?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Quick opening devices passed test?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Main drain test for system downstream of backflow or PRV:</p>
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<p>Daily and Weekly Test/Inspection</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Control valves supervised with seals in correct (open/closed) position?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Backflow preventer valves in correct (open/closed) position?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Backflow preventers are sealed, locked, or supervised?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Relief port on RPZ device (if provided) not discharging?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A For freezer systems, is the gauge near the compressor reading the same as the gauge near the dry-pipe valve?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dry-Pipe Valves: Enclosures around valves maintaining a minimum 40°F and gauges in good condition showing a normal air and water pressure?</p>	<p>Static Pressure (psi): <u>85</u> Residual Pressure (psi): <u>75</u></p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was waterflow observed and comparable to previous test?</p>
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Monthly Test/Inspection	Semi-Annual Test/Inspection
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<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Control valves with locks or electrical supervision in correct (open/closed) positions?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler wrench with spare sprinklers?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Dry-Pipe Valves: Free from physical damage, trim valves in appropriate (open/closed) position, and no leakage from intermediate chamber?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Valve supervisory switches indicate movement?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Electrical waterflow alarm devices passed tests by opening the inspector's test connection or bypass connection with alarms actuating and waterflow observed?</p>
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Quarterly Test/Inspection	Annual Test/Inspection
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<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Pressure Reducing Valves: In open position, not leaking, maintaining downstream pressure per design criteria, and in good condition with handwheels not broken.</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Hydraulic nameplate (calculated systems) securely attached?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Alarm devices free from physical damage?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Proper number and type of spare sprinklers?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers free of corrosion and physical damage?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers free of obstructions to spray patterns?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers free of foreign materials including paint?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers; liquid in all glass bulb sprinklers?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe in good condition/no external corrosion?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe has no mechanical damage and no leaks?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe properly aligned and no external loads?</p> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe hangers and seismic braces not damaged or loose?</p>
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Annual Test/Inspection (Continued)

- Yes No N/A Dry-pipe valves passed internal inspection?
- Yes No N/A Adequate heat in areas with wet piping?
- Yes No N/A Low temperature alarms passed test and functioning?
- Yes No N/A Interior of pipe that passes through freezers free of ice blockage?
- Yes No N/A Main drain test performed? Size: 2"
- Static Pressure (psi): 85 Residual Pressure (psi): 75
- Yes No N/A Was flow observed?
- Yes No N/A Are results comparable to previous test?
- Yes No N/A Are all sprinklers dated 1920 or later?
- Yes No N/A Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years?
- Yes No N/A Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years?
- Yes No N/A Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years?
- Yes No N/A Dry-type sprinklers replaced or successfully sample tested within last 10 years?
- Yes No N/A All control valves operated through full range and returned to normal position?
- Yes No N/A Automatic air maintenance devices passed test?
- Yes No N/A Backflow devices passed backflow test?
- Yes No N/A Backflow devices passed full flow test?
- Yes No N/A Pressure reducing valves passed partial flow test?
- Yes No N/A Operating stem of all OS&Y valves lubricated, completely closed, and reopened?
- Yes No N/A Interior of dry-pipe valves cleaned?
- Yes No N/A Low points drained prior to the onset of freezing weather?
- Yes No N/A Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup?
- Yes No N/A Dry pipe flow test performed and comparable to previous test?
- Initial air pressure (psi): 35 and water pressure (psi): 85
- Tripping air pressure (psi): 15 and tripping time (sec): 30
- Record water delivery time (min): 0 (sec): 20 Pass?: Yes
- Yes No N/A Has a 5 Year inspection been completed within the last five years, including internal inspection of the pipe?
- Year of last completed 5 year inspection: 2010

5 Year Test/Inspection

- Yes No N/A 5 year inspection sticker affixed to main riser?
- Yes No N/A Sprinklers rated above High temperature tested?
- Yes No N/A Gauges checked by calibrated gauge or replaced?
- Number and type of gauges replaced: _____
- Yes No N/A Pressure reducing valves passed full flow test?

Regular Maintenance Items

- Yes No N/A Replaced sprinklers are the proper replacements?
- Yes No N/A Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired?
- Yes No N/A Dry-pipe systems maintained in dry condition?
- Yes No N/A Have low point drains been emptied?

Regular Maintenance Items (continued)

- Yes No N/A If any of the following were discovered, was an obstruction investigation conducted?
- Explain reason(s) and obstruction investigation findings in the following comments and deficiencies section.*
1. Defective intake screen on pump with suction from open sources.
 2. Obstructive materials discharged during waterflow tests.
 3. Foreign materials found in dry-pipe valves, check valves, or pumps.
 4. Foreign material in water during drain test or or plugging of inspector's test connection.
 5. Plugging of pipe or sprinklers found during activation or alteration.
 6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
 7. Record of broken mains in the vicinity.
 8. Abnormally frequent false-tripping of dry-pipe valves.
 9. System is returned to service after an extended period of service. (Greater than one year.)
 10. There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe systems.
- Yes No N/A If conditions were found that required flushing, was flushing of system conducted?

Dry Valve Information

Manufacturer: Reilable Model: D Size: 2"

Year: 2010 Serial Number: 245483587 QOD?: No

QOD Manufacturer: _____ QOD Model: _____

QOD Year: _____ QOD Serial Number: _____

Listing of Valves

Location:	Type:	Size:
Basement Riser Supply	Butterfly	6"
Basement Dry Riser Shutoff	Butterfly	2"
Main Floor Mechanical Room	Inspector's Test	1"
Main Floor Mechanical Room	Aux Drain	
Basement West Mechanical Room	Aux Drain	

Comments and Deficiencies