

# Automatic Wet Pipe Fire Sprinkler Report of Test/Inspection



AAA Fire Safety & Alarm, Inc.  
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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

<b>Building</b>	<b>Quarterly Test/Inspection (Continued)</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Is the building occupied? <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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Are all fire protection systems in service? <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? <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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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? <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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Main drain test for system downstream of backflow or PRV: Static Pressure (psi): 75                      Residual Pressure (psi): 70 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was waterflow observed and comparable to previous test?
<b>Daily and Weekly Test/Inspection</b>	<b>Semi-Annual Testing Items (in addition to above items)</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Control valves supervised with seals in correct (open/closed) position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Backflow preventer valves in correct (open/closed) position? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Backflow preventers are sealed, locked, or supervised? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Relief port on RPZ device (if provided) not discharging?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Valve supervisory switches indicate movement? <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?
<b>Monthly Test/Inspection</b>	<b>Annual Test/Inspection</b>
<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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler wrench with spare sprinklers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Gauges on wet-pipe system in good condition and showing normal water supply pressure? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Alarm valve gauges show normal water supply pressure, free from physical damage, valves are in correct (open/closed) positions, and no leakage from retard chamber or drains?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Proper number and type of spare sprinklers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers free of corrosion and physical damage? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers free of obstructions to spray patterns? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers free of foreign materials including paint? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible sprinklers; liquid in all glass bulb sprinklers? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe in good condition/no external corrosion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe has no mechanical damage and no leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe properly aligned and no external loads? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe hangers and seismic braces not damaged or loose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Hose, hose couplings, and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Adequate heat in areas with wet piping? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Main drain test performed?    Size: 2"
<b>Quarterly Test/Inspection</b>	
<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. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Hydraulic nameplate (calculated systems) securely attached? 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Alarm devices free from physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe has no mechanical damage and no leaks? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe properly aligned and no external loads? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Visible pipe hangers and seismic braces not damaged or loose? <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Hose, hose couplings, and nozzles on sprinkler system passed inspection in accordance with NFPA 1962? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Adequate heat in areas with wet piping? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Main drain test performed?    Size: 2"
	Static Pressure (psi): 75                      Residual Pressure (psi): 70 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Was flow observed and comparable to previous test?

