



**TRIANGLE**

FIRE PROTECTION, INC.  
 20 Roadway Drive  
 Carlisle, PA 17015  
 (717)241-9662  
 Fax (717) 241-9672

INSPECTION CONTRACT NO. \_\_\_\_\_

**FIRE SPRINKLER  
 INSPECTION REPORT**

REPORT TO \_\_\_\_\_ BUILDING OR LOCATION INSPECTED \_\_\_\_\_  
 STREET \_\_\_\_\_  
 CITY&STATE \_\_\_\_\_ INSPECTOR \_\_\_\_\_  
 ATTN: \_\_\_\_\_ DATE \_\_\_\_\_

**1. GENERAL**

- |   | Yes                      | N.A                                 | No                       |
|---|--------------------------|-------------------------------------|--------------------------|
| a) Have there been any changes in the occupancy classification, machinery or operations since the last inspection?                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Have there been any changes or repairs to the fire protection system since the last inspection?                                  | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| c) If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced?                    | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| d) Has the piping in all systems been checked for obstructive materials?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| e) Date last checked _____ (checking required at least every 5 years) _____   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| f) Have all fire pumps been tested to their full capacity through the use of hose streams or flow meters within the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| g) Are gravity, surface or pressure tanks protected from freezing?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| h) Sprinkler heads: _____ SR (50YR) _____ QR (20YR) _____ DRY(10YR) _____ >325(5YR) _____   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| i) Have gauges been tested, calibrated or replaced in the last 5 years?   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| j) Water Gauges _____ Air Gauges _____ Suction Gauges _____   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| k) Standpipe 5 and 3 year requirements.   |                          |                                     |                          |
| 1. Dry standpipe hydrostatic test   | Date _____               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 2. Flow test  | Date _____               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 3. Hose hydrostatic test (5 years from new, every 3 years after)  | Date _____               | <input type="checkbox"/>            | <input type="checkbox"/> |
| 4. Pressure reducing/control valve test   | Date _____               | <input type="checkbox"/>            | <input type="checkbox"/> |
| l) Have the sprinkler systems been extended to all visible areas of the building?   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| m) Does there appear to be proper clearance between the top of all storage and the sprinkler deflector?                             | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| n) Are the building areas protected by a wet system, heated, including its blind attics and perimeter areas, where accessible?      | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| o) Are all visible exterior openings protected against the entrance of cold air?  | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| p) Are hydraulic data plates installed?   | <input type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

**2. CONTROL VALVES**

- |   | Yes                      | N.A                                 | No                       |
|---|--------------------------|-------------------------------------|--------------------------|
| a) Are all sprinkler system main control valves in the appropriate open or closed position? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| b) Are all control valves sealed, locked or supervised in the open position?                | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Control Valves	No. of Valves	Type	Easily Accessible		Signs		Valves Open		Secured (Sealed?) (Locked?) (Supvd.?)			Supervision Operational	
			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	
CITY CONNECTION													
TANK													
PUMP													
SECTIONAL SYSTEM													
ALARM LINE													

c) Fire Pump: Electric Diesel NA Size \_\_\_\_\_

3. WATER SUPPLIES

a) Water supply source? City \_\_\_\_\_

Gravity Tank \_\_\_\_\_

Pressure Fire Pump & Tank \_\_\_\_\_

Pressure Fire Pump & City \_\_\_\_\_

Water flow Test Results Made During This Inspection

Pressure Fire Pump & Pond \_\_\_\_\_

Test Pipe Location	Size Test Pipe	Static Pressure Before	Flow Pressure	Static Pressure After	Flow Time (Seconds)	Test Pipe Location	Flow Time (Seconds)	Test Pipe Location	Flow Time (Seconds)

4. TANKS, PUMPS, FIRE DEPT. CONNECTIONS

Yes N.A No

- a) Do fire pumps, gravity, surface or pressure tanks appear to be in good external condition?
- b) Are gravity, surface and pressure tanks at the proper pressure and/or water levels?
- c) Are fire dept. connections in satisfactory condition, couplings free, caps or plugs in place and check valves tight?
- d) Are fire dept. connections visible and accessible?
- e) Has the storage tank been internally inspected in the last 3 yrs. (unprotected) or 5 yrs. (protected)?

5. WET SYSTEMS

Yes N.A No

- a) No. of systems \_\_\_\_\_ Make & Model \_\_\_\_\_
- b) Have all the antifreeze systems been tested?
- c) Date antifreeze system(s) tested \_\_\_\_\_
- d) The antifreeze tests indicate protection to:  
system 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_ Temperature \_\_\_\_\_
- f) Type of antifreeze installed: propylene glycol \_\_\_\_\_ glycerin \_\_\_\_\_
- g) Did alarm valves, waterflow alarm indications and retards test satisfactory?

6. DRY SYSTEMS

Yes N.A No

- a) No. of systems \_\_\_\_\_ Make & Model \_\_\_\_\_
- b) Date last trip tested \_\_\_\_\_
- c) Date last full flow \_\_\_\_\_
- d) Is the air pressure and priming water levels normal?
- e) Did the air compressor operate satisfactory?
- f) Were all low points drained during this inspection?     
Number of low points: \_\_\_\_\_ Location(s): \_\_\_\_\_
- g) Did all quick opening devices operate satisfactory?
- h) Did all the dry valves operate satisfactory during this inspection?
- i) Do dry valves appear to be protected from freezing?
- j) Is the dry valve house heated?

7. SPECIAL SYSTEMS

Yes N.A No

- a) No. of systems \_\_\_\_\_ Make & Model \_\_\_\_\_  
Type \_\_\_\_\_
- b) Were valves tested as required?
- c) Did all heat responsive systems operate satisfactory?
- d) Did the supervisory features operate during testing?     
Heat Responsive Devices: Type \_\_\_\_\_ Type of test \_\_\_\_\_  
Valve No.              Valve No.               
Valve No.              Valve No.               
Valve No.              Valve No.               
Valve No.              Valve No.               
Auxiliary equipment: No. \_\_\_\_\_ Type \_\_\_\_\_  
Location \_\_\_\_\_  
Test results \_\_\_\_\_

8. ALARMS

Yes N.A No

- a) Did the water motors and gong operate during testing?
- b) Did the electric alarms operate during testing?
- c) Did the supervisory alarms operate during testing?

9. SPRINKLERS-PIPING

Yes N.A No

- a) Do sprinklers generally appear to be in good external condition?  Yes  N.A  No
  - b) Do sprinklers generally appear to be free of corrosion, paint, or loading and visible obstructions?  Yes  N.A  No
  - c) Are extra sprinklers available on the premises?  Yes  N.A  No
  - d) Does the exterior condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers and strainers appear to be satisfactory?  Yes  N.A  No
  - e) Does the hand hose on the sprinkler system appear to be in satisfactory condition?  Yes  N.A  No
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10. DEFICIENCIES

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11. ADDITIONAL COMMENTS

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12. INSPECTION, DEFICIENCIES, AND ADDITIONAL COMMENTS WERE DISCUSSED WITH THE UNDERSIGNED OWNER OR OWNER'S REPRESENTATIVE

Yes  No

Signature of owner or owner's representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Inspector \_\_\_\_\_ Date \_\_\_\_\_