

MOUNT LAUREL FIRE DEPARTMENT

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Annual Inspection of Fire Sprinkler System

Property Name: _____

Address: _____

City, State, Zip: _____

System Type: Fire Sprinkler System Use Group: _____

System Description: _____

Inspection Type: Annual

Inspection Date: _____

Inspector(s): _____ Inspector's Phone #: _____

System Left: [Operational] [Partially Operational] [Non-Operational]

**CIRCLE OR CHECK APPLICABLE BOX.
ALL NO ANSWERS TO BE EXPLAINED
IN SECTION VII.**

SECTION I. Initial Actions

- | | | | |
|-------------------------------------------------------------------------------------------------------------------------|--------------|-------------|--------------|
| 1. Were building management and occupants notified of the inspection? | [Yes] | [No] | [N/A] |
| a. Did the building management confirm that there were no changes in occupancy or hazard since the previous inspection? | [Yes] | [No] | [N/A] |
| b. Name and title of person | _____ | _____ | _____ |
| 2. Was the fire department notified of the inspection? | [Yes] | [No] | [N/A] |
| a. Name / ID number of person notified | _____ | _____ | _____ |
| 3. Was the monitoring company notified? | [Yes] | [No] | [N/A] |
| a. Name / ID number of person notified | _____ | _____ | _____ |
| b. Alarm codes (optional) | _____ | _____ | _____ |
| 4. Are all fire protection systems in service? | [Yes] | [No] | [N/A] |

SECTION II. Inspections

A. Visual Inspection in Sprinkler Room

- | | | | |
|------------------------------------------------------------------------------|-------|-------|-------|
| 1. Is the system hydraulically designed? | [Yes] | [No] | [N/A] |
| a. If yes, is the proper nameplate readable and attached to riser? | [Yes] | [No] | [N/A] |
| 2. Who is performing quarterly inspections? | _____ | _____ | _____ |
| 3. Who is performing monthly inspections? | _____ | _____ | _____ |
| 4. Are the retard chambers, drains, piping, & valves free of leaks? | [Yes] | [No] | [N/A] |
| 5. Are the sprinkler gauges in good condition and calibrated within 5 years? | [Yes] | [No] | [N/A] |
| 6. Is the alarm valve in good condition and free of visible damage? | [Yes] | [No] | [N/A] |
| 7. Are all other valves in good condition and free of visible damage? | [Yes] | [No] | [N/A] |
| 8. Key valves identified with signs: | | | |
| a. Main drain? | [Yes] | [No] | [N/A] |
| b. Main control valve? | [Yes] | [No] | [N/A] |
| c. Inspector's test valve? | [Yes] | [No] | [N/A] |
| d. Alarm test? | [Yes] | [No] | [N/A] |
| e. Auxiliary drain? | [Yes] | [No] | [N/A] |
| f. Other | _____ | _____ | _____ |
| 9. Is there a spare sprinkler box? | [Yes] | [No] | [N/A] |
| a. with wrench? | [Yes] | [No] | [N/A] |
| b. with sprinklers? | [Yes] | [No] | [N/A] |
| c. number of spare sprinklers | _____ | _____ | _____ |

A. Visual Inspection in Sprinkler Room, continued

10. Is the control valve in the correct (open or closed) position?	[Yes]	[No]	[N/A]
11. Is the control valve either locked or provided with a supervisory switch?	[Yes]	[No]	[N/A]
12. Does it appear that the sprinkler room is adequately heated?	[Yes]	[No]	[N/A]
13. Backflow preventers			
a. Valves in correct (open or closed) position?	[Yes]	[No]	[N/A]
b. Sealed, locked or supervised and accessible?	[Yes]	[No]	[N/A]
c. Relief port on RPZ device not discharging?	[Yes]	[No]	[N/A]

B. Visual Inspection of the Outside of the Building (Fire Department Connection, Main Drain Outlet, and Inspector's Test Outlet)

1. Is the fire department connection visible and accessible?	[Yes]	[No]	[N/A]
2. Is the fire department connection sign visible and legible?	[Yes]	[No]	[N/A]
3. Are the couplings and swivels undamaged and do they rotate freely?	[Yes]	[No]	[N/A]
4. Does the fire department connection clapper swing freely?	[Yes]	[No]	[N/A]
5. Are the plugs or caps in place and in good condition?	[Yes]	[No]	[N/A]
6. Are all gaskets in place and in good condition?	[Yes]	[No]	[N/A]
7. Is the automatic drain valve (ball drip) operating properly?	[Yes]	[No]	[N/A]
8. Is the check valve free of leaks?	[Yes]	[No]	[N/A]
9. Is the main drain outlet clear and unobstructed?	[Yes]	[No]	[N/A]
10. Does the inspector's test have a proper test orifice?	[Yes]	[No]	[N/A]

C. Visible Inspection of Sprinklers (from floor level)

1. Are the visible sprinklers free from corrosion?	[Yes]	[No]	[N/A]
2. Does it appear that the spray patterns are free of obstructions (18" for regular sprinklers and 36" for ESFR sprinklers)?	[Yes]	[No]	[N/A]
3. Are the sprinklers free of foreign material or paint?	[Yes]	[No]	[N/A]
4. Are the sprinklers free from physical damage?	[Yes]	[No]	[N/A]
5. Are the escutcheons and cover plates in place?	[Yes]	[No]	[N/A]
6. Does it appear that all sprinklers were rated for the proper temperature?	[Yes]	[No]	[N/A]
7. Are sprinklers in service after 1920?	[Yes]	[No]	[N/A]
8. If sprinklers are in service longer than 50 years, have they been tested within the last 10 years? (If "no" sample sprinklers must be tested.)	[Yes]	[No]	[N/A]
9. If there are fast response sprinklers in service longer than 20 years, have they been tested within 10 years? (If "no" sample sprinklers must be tested.)	[Yes]	[No]	[N/A]
10. If there are any dry pendants in service longer than 10 years, have they been tested within 10 years? (If "no" sample sprinklers must be tested.)	[Yes]	[No]	[N/A]

D. Visual Inspection of Sprinkler Piping (from floor level)

1. Does the piping appear in good condition?	[Yes]	[No]	[N/A]
2. Is the piping free of damage or leaks?	[Yes]	[No]	[N/A]
3. Is the piping free of external corrosion?	[Yes]	[No]	[N/A]
4. Is the piping properly aligned?	[Yes]	[No]	[N/A]
5. Is the piping free from external loads?	[Yes]	[No]	[N/A]
6. Are pipe hangers and seismic braces in good condition?	[Yes]	[No]	[N/A]
7. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years?	[Yes]	[No]	[N/A]

SECTION III. Dry Pipe, Preaction & Deluge Systems

1. Enclosures around dry/deluge valves maintaining a minimum of 40F?	[Yes]	[No]	[N/A]
2. Dry/deluge valves free from physical damage, trim valves in appropriate (open/closed) position, and no leakage from intermediate chamber?	[Yes]	[No]	[N/A]
3. Gauges in good condition showing normal air and water pressure?	[Yes]	[No]	[N/A]

SECTION III. Dry Pipe, Preaction & Deluge Systems, continued

- 4. For freezer systems, is the gauge near the compressor reading the same as the gauge near the dry pipe valve? [Yes] [No] [N/A]
- 5. Dry/deluge valves passed internal inspection & cleaned if necessary? [Yes] [No] [N/A]
- 6. Strainers, filters, restricted orifices and diaphragm chambers on dry pipe valves passed internal inspection? [Yes] [No] [N/A]
- 7. Adequate heat in areas with wet piping? [Yes] [No] [N/A]
- 8. Low temperature alarms functioning? [Yes] [No] [N/A]
- 9. Interior of pipe that passes through freezers free of ice blockage? [Yes] [No] [N/A]
- 10. Have low point drains been emptied? [Yes] [No] [N/A]
- 11. Were air leaks resulting in air pressure loss repaired? [Yes] [No] [N/A]
- 12. Air compressor in working order & oil level correct? [Yes] [No] [N/A]

SECTION IV. Tests

- 1. Were all control valves lubricated, completely closed, and reopened? [Yes] [No] [N/A]
- 2. Was a main drain test performed? [Yes] [No] [N/A]
 - a. Static (no flow) pressure (PSI) _____
 - b. Residual (full flow) pressure (PSI) _____
 - c. Static pressure after test (PSI) _____
- 3. Was an inspector's test performed? [Yes] [No] [N/A]
 - a. Did the local alarm activate properly? [Yes] [No] [N/A]
 - b. Type of local alarm device present:
 - i. Water Motor Gong [Yes] [No] [N/A]
 - ii. Electric Notification Device [Yes] [No] [N/A]
 - iii. Other _____
 - c. Time it took for the local alarm device to activate (Seconds) _____
- 4. Were supervisory devices tested? [Yes] [No] [N/A]
 - a. Did monitoring company receive all supervisory signals and alarms? [Yes] [No] [N/A]
 - b. Was the alarm panel reset and returned to normal condition? [Yes] [No] [N/A]
- 5. Backflow devices passed backflow test? [Yes] [No] [N/A]
- 6. Backflow devices passed full flow test? [Yes] [No] [N/A]
- 7. Pressure reducing valves passed partial flow test? [Yes] [No] [N/A]
- 8. Specific gravity of antifreeze correct? [Yes] [No] [N/A]
- 9. Dry pipe valve priming level correct and has the low air pressure signal passed its test? [Yes] [No] [N/A]
 - a. Quick opening devices passed test? [Yes] [No] [N/A]
 - b. Low temperature alarms passed test? [Yes] [No] [N/A]
 - c. Automatic air maintenance devices on dry pipe and preaction systems passed test? [Yes] [No] [N/A]
- 10. Dry pipe valve flow trip test performed? [Partial] [Full] [N/A]
 - a. Record initial air pressure _____
 - b. Record initial water pressure _____
 - c. Record tripping air pressure _____
 - d. Record tripping time _____
 - e. Record water delivery time _____
 - f. Above results comparable to previous tests? [Yes] [No] [N/A]

SECTION V. Final

- 1. Has building management been notified that the inspection is complete and the system is back in service and made aware of any deficiencies? [Yes] [No] [N/A]
 - a. Name of person notified _____
- 2. Has the monitoring company been notified that the system is back in service? [Yes] [No] [N/A]
 - a. Name / ID number of person notified _____
- 3. Has the fire department been notified that the system is back in service? [Yes] [No] [N/A]
 - a. Name / ID number of person notified _____

SECTION VI. Repairs, Deficiencies, & Recommendations

A. Repairs

1. Repairs made to the system at time of inspection

B. Deficiencies

1. Description of Deficiency (System is partially operational, or non-operational because)

C. Recommendations

1. Description of Recommendation (To improve your system, we highly recommends the following)

D. Information required for follow-up

1. How long will it take to make repairs: (Approximate Hours) _____ Will system shutdown be required: [Yes] [No]

2. How many techs are needed: _____

3. Material required with part AFP #'s if known (i.e. how much pipe, what kind of sprinkler heads)

4. Special equipment required (ex. lift, hammer drill)

5. Is a site visit required? [Yes] [No] [N/A]

SECTION VII. EXPLANATIONS (for "NO" answers, fill in applicable section & item)

	Section #	Item #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

~Note: This is an inspection of the system, but not an engineering analysis.

~One copy must be available at site and a copy must be sent to the local enforcing agency.

OWNER'S SIGNATURE
