

SPRINKLER (SPK)/STANDPIPE (STP) PREAPPLICATION QUESTIONNAIRE

****PLEASE READ THE FOLLOWING!!!****

- If applying for a **W-12 (Citywide Sprinkler systems, (NO STP))** and/or a **Z-00** (job seeking exam includes **SPK** and **STP**, no C of F Card will be issued) please speak to the examiners.
- If you're applying for more than one building location or trying to transfer C of F's from one building to another, **PLEASE** fill out this form for each building address!
- If you are currently holding any C of F's for **SPKs** or **STPs**, please notify the examiners of this fact.
- As of Feb 1 1999, the FDNY requires that applicants have a basic understanding of the Sprinklers and/or Standpipe system they will be supervising. Check with the examiners for more details.

PERSONAL INFORMATION

NAME _____
(PLEASE PRINT)

HOME PHONE _____ WORK PHONE _____

SPRINKLER/STANPIPE LOCATION

Work Address: _____
(Location of Sprinkler and/or Standpipe systems)

SPRINKLER/STANPIPE SYSTEM INFORMATION QUESTIONS (Must Check all that applies to your system(s))

Color of Siamese Caps:
(Check all that apply)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red	Green	Yellow	Aluminum	No Caps*

*If **No Siamese Caps** are on the system, is this a **Residential SPK**?

☐

Yes

☐

No

How many floors in the above work address?

Please proceed to the back of this form:

Water Supply Sources Information:

(Check as many as they apply to your systems)

<u>Water Sources</u>	For	<u>Standpipe</u>		<u>Sprinkler</u>	
Gravity Tank(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>	How many <input type="text"/> Fire Reserve in Gals <input type="text"/>
			 Tanks	
Pressure Tank(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>Where is it located <input type="text"/>
Suction Tank(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>Where is it located <input type="text"/>
City Main Water		<input type="checkbox"/>	And/or	<input type="checkbox"/>	
Dry System (No water in pipes FD hook up)		<input type="checkbox"/>	And/or	<input type="checkbox"/>	This includes Auto-Dry and Non Auto-Dry systems.

<u>PUMPS (if any)</u>	For	<u>Standpipe</u>	<u>Sprinkler</u>
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Fire Pump(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>
Booster Pump(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>
Jockey Pump(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>
Fill or House Pump(s)		<input type="checkbox"/>	And/or	<input type="checkbox"/>

Miscellaneous Questions

Is this sprinkler system test for a **TRASH COMPATOR**? ☐ Yes * ☐ No

If *YES how many **Sprinkler Heads** in system (Chute and machine room) ...

Where is the **MAIN CONTROL VALVE** located? _____

NOTE: You will need to submit a **BLUE PRINT** or a **HAND-DRAWN** system diagram. **THIS DIAGRAM WILL BE NON-RETURNABLE.**

APPLICANTS Signature _____

DATE: _____