



FIRE DEPARTMENT – CITY OF NEW YORK
9 METRO TECH CENTER
BROOKLYN, NEW YORK 11201

RESIDENTIAL SPRINKLER SYSTEM FLOW REPORT

(THIS FORM MUST BE COMPLETED BY A LICENSED PLUMBER OR LICENSED MASTER FIRE SUPPRESSION CONTRACTOR)

Date of Test: _____ FDNY Account No. (if any): _____

Permits Address: Street: _____

Borough: _____ Zip Code: _____

Owner Name: _____

Owner Address: Street: _____

City/State: _____ Zip Code: _____

- System Type: [] Sprinkler system supplied from a domestic water connection
[] Sprinkler system supplied from a dedicated water source.
[] Sprinkler system supplied from automatic wet standpipe system.

System Coverage: (complete all that apply)

The system protects the following: [] Dwelling Unit [] Hallways [] Stairwells [] Compactor Chute

Number of Control Valves: _____ Number of Fire Department Connections: _____

Indicate below the location of each system control valve:

Three horizontal dashed lines for indicating control valve locations.

Certification of Flow Result:

I affirm that I have identified and inspected all control valves associated with the sprinkler systems covered by this report and observed that all such valves were sealed in the open position by either an approved wire seal or chain and lock: that I conducted a flow test of such sprinkler systems in accordance with the procedure specified in the Fire Department rule 3 §RCNY 37-06(c); that the sprinkler systems passed the flow test in accordance with the standard specified in that rule section, with a static pressure reading of _____ p.s.i.g.; and that there is no other indication that the system is not in perfect working order.

Certified By: _____ (PRINT NAME) _____ (SIGNATURE)

Company Name: _____ License Number: _____

FDNY Witness: _____ (REQUIRED EVERY OTHER 30 MONTH TEST) Badge Number: _____

NOTE: A COPY OF THIS REPORT MUST BE AVAILABLE FOR EXAMINATION BY A FIRE DEPARTMENT REPRESENTATIVE FOR A PERIOD OF FIVE (5) YEARS FROM THIS DATE.

TEST ENTERED (FOR FDNY USE)
DATE: _____
BY: _____



INSTRUCTION FOR PROCESSING

FORM NAME: RESIDENTIAL SPRINKLER &
SYSTEM FLOW REPORT

FORM NUMBER: INTDOC - FP-100

PURPOSE OF DOCUMENT:
TO REPORT RESULTS OF A CODE REQUIRED SPRINKLER FLOW TEST EVERY 2 1/2 YEARS

WHO SHOULD USE THIS DOCUMENT?
LICENSED MASTER PLUMBERS AND MASTER FIRE SUPPRESSION PIPING CONTRACTORS (CLASS A OR B)

AFTER COMPLETION, THE FORM SHOULD BE MAILED TO:
NEW YORK CITY FIRE DEPARTMENT BUREAU OF FIRE PREVENTION 9 METROTECH CENTER BROOKLYN, N.Y. 11201 ATTN: FIRE SUPPRESSION UNIT ROOM 3 E-2

PAYMENT INFORMATION
NONE

SPECIAL INSTRUCTIONS
NONE

FOR FURTHER QUESTIONS, CONTACT:
FDNY BUREAU OF FIRE PREVENTION Attention: CHIEF INSPECTOR BARRACATO 718-999-2519