

Plumbing Division Sprinkler Inspection Report

| Premises | Borough | | Date When Installed |
|--|-----------------------------|---------------------------------|------------------------|
| Approved Plan # | Stories | Feet | Area |
| Construction | Occupancy | No. of water suppli | es Wet or Dry |
| Supply: City Water Connection S | | Fed 2 ways | |
| Curb or P.I. Valve | Nam | e & size of meter | |
| Valves sealed open | | Lbs. Pressure | |
| Gravity Tank Capacity | | | top sprinkler line |
| Size fill line | Size Overflow | | rgency Drain Valve |
| | | | g weatherproofed |
| Ladder secured | Location tank check | | T |
| Valves sealed open Capacity in gallons | No. Fill Pumps How operated | Size | Type |
| | | | |
| Pressure Tank Capacity | Tank House | | Size Fill Line |
| Emergency Drain Valve | Type and Size | | Air Pressure |
| Water Level Control valves sealed open | Location tank check a | and control valves | |
| Control valves sealed open | | | |
| Risers No. | Size dead risers | | Size live risers |
| Size drain risers | Floor control valves | , | Sealed open |
| Main Drain Siz | | tion inspectors Test valve | |
| Exposed Piping or Heads No. Cold Weather Valves | Location | | How protected |
| No. Cold Weather Valves | Location | | App'd signs |
| No. Dry Valves | Name | Type | Water Pressure |
| Air Pressure | Dry V | alve room heated | |
| No. of heads controlled by each d | ry pipe valve | | |
| No. Alarm Valves | Size and type | Local | Supervisory |
| High-Low Gravity | High-Low Pressu | re | Flow Alarm |
| | Туре | | Capacity in Gallons |
| Or Booster Pumps: Checked | Draw | s from | Size of suction line |
| Size of discharge line | How operated | | Supervisory |
| Adequate pressure in system | · | | |
| No.Siamese connections | Size | a // | pp'd Type |
| Location Signs | | Type of drips | |
| Caps painted green | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Is every square foot of the building If not, portion sprinklered | g sprinklered | | |
| Extra heads & wrench provided | | Painted or cor | roded heads |
| Is installation as per app'd plan | | As ner F | ire Dept. order |
| Entire system tested at 200 p.s.i. | | , to por r | Result |
| Certificate of Fitness required | | | |
| Recommendations: | | | |
| | | | |
| OWNER'S NAME AND ADDRESS CONTRACTOR'S NAME AND ADDRESS | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Inspector (sign) | | Inspector (print) _ | |
| Test Listed | | | |
| Ву | | | |
| Papart to: Div. Of Fire Prevention | | | |

Report to: Div. Of Fire Prevention,
Fire Department