NYC BUILDINGS

Plumbing Division
Sprinkler Inspection Report

Date _____

Premises _____ Borough _____ When Installed _____
Approved Plan # _____ Stories _____ Feet _____ Area _____
Construction _____ Occupancy _____ No. of water supplies _____ Wet or Dry _____

Supply: City Water Connection Size _____ Fed 2 ways _____
Curb or P.I. Valve _____ Name & size of meter _____
Valves sealed open _____ Lbs. Pressure _____

Gravity Tank Capacity _____ Heated _____ Height over top sprinkler line _____
Size fill line _____ Size Overflow _____ Emergency Drain Valve _____
Type and Size _____ Tank piping brass _____ Exposed piping weatherproofed _____
Ladder secured _____ Location tank check and control valve _____
Valves sealed open _____ No. Fill Pumps _____ Size _____ Type _____
Capacity in gallons _____ How operated _____

Pressure Tank Capacity _____ Tank House Heated _____ Size Fill Line _____
Emergency Drain Valve _____ Type and Size _____ Air Pressure _____
Water Level _____ Location tank check 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 _____ Size _____ Location inspectors Test valve _____
Exposed Piping or Heads _____ Location _____ How protected _____
No. Cold Weather Valves _____ Location _____ App'd signs _____

No. Dry Valves _____ Name _____ Type _____ Water Pressure _____
Air Pressure _____ Dry Valve room heated _____
No. of heads controlled by each dry pipe valve _____

No. Alarm Valves _____ Size and type _____ Local _____ Supervisory _____
High-Low Gravity _____ High-Low Pressure _____ Flow Alarm _____

Fire Pumps: Name _____ Type _____ Capacity in Gallons _____
Or
Booster Pumps: Checked _____ Draws from _____ Size of suction line _____
Size of discharge line _____ How operated _____ Supervisory _____
Adequate pressure in system _____

No.Siamese connections _____ Size _____ App'd Type _____
Location _____ Signs _____ Type of drips _____
Caps painted green _____
Is every square foot of the building sprinklered _____
If not, portion sprinklered _____
Extra heads & wrench provided _____ Painted or corroded heads _____

Is installation as per app'd plan _____ As per Fire Dept. order _____
Entire system tested at 200 p.s.i. _____ Result _____
Certificate of Fitness required _____

Recommendations: _____

OWNER'S NAME AND ADDRESS	CONTRACTOR'S NAME AND ADDRESS

Inspector (sign) _____ Inspector (print) _____

Test Listed _____
By _____

Report to: Div. Of Fire Prevention,
Fire Department

B FORM FP 85 (Rev. 6/03)