

**To:** All Bidders  
**From:** Ryan Fealey, Director of Finance  
**Date:** May 18, 2020  
**Re:** RFP 20-06 Fire Sprinkler, Fire Extinguishers, Kitchen Hood/Ansul Systems

### **ADDENDUM 1**

#### **VENDOR QUESTIONS & ANSWERS FOR RFP 20-06**

1. Can we have access to previous sprinkler and ansul inspection reports so we can see the type and number of systems we will bid on?  
**Yes, see attached.**

*Please note there's no report for Strawberry Hill and Westover School because of being under construction.*

# **QUARTERLY TESTINGS**

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970193  
Address 1300 Newfield Avenue Stamford CT 06905  
Report For Davenport Ridge Elementary School  
Date of Inspection 02/18/2020 07:30am EST  
Inspector Name Sage Carpenter, AJ Valley

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date Unknown
- F. Date of Last Pressure Reducing Valve Test  
Date N/a
- G. Date of Last Standpipe Flow Test  
Date N/a
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date N/a

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 115 PSI & Residual Pressure 45 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 2/17/2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2012</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/26/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u>    </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve <u>    </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>6/19/19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>11/17</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Bfv	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	1/2	Osy/ bfv	Yes	Yes	No	Yes	
Sectional Control Valves	4	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Bfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source Ok City      Tank      Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Main drain	2"	55	45
This Waterflow Test	2/18/2020	Main drain	2"	110	45

Total Number Of Systems At This Location     2    

This Is System Number 1-2

Wet ☒ Dry ☐ PreAction ☐ Other                     

Fire Panel Manufacturer & Model  
Notifier

Comments, adjustments and/or corrections made during this inspection

Last 5yr hydrostatic test of fdc is unknown

Authorized Signature *Sage Carpenter* Inspector Name Sage Carpenter, AJ Valley  
Date 2/18/2020 License No.                     

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970154

Address 61 Adams Avenue Stamford CT 06902

Report For Hart Magnet Elementary School

Date of Inspection 02/14/2020 07:30am EST

Inspector Name Albert Valley, Milton Gleason

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions &amp; verify that the valve clapper is operational over its full range.)</i>			
J. Sample of visible sprinklers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 4/2014
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 105 PSI & Residual Pressure Ice PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 10/2019
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>6/2019</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>5/2017</u>			
Q. Date of Last Backflow devices tested? Date <u>By others 4/2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>9/2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osby	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Osbyfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank \_\_\_\_ Pump \_\_\_\_

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Riser	2"	90	70
This Waterflow Test	02/14/20	No flow	Due to	Ice	Conditions

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet ☒ Dry ☒ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model

Est \_\_\_\_\_

Comments, adjustments and/or corrections made during this inspection

5th year o/l overdue

Authorized Signature  Inspector Name Albert Valley, Milton Gleason  
Date 02/14/2020 License No. 41559

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970177

Address 123 Ridgewood Avenue Stamford CT 06907

Report For Toquam Magnet School

Date of Inspection 02/14/2020 02:15pm EST

Inspector Name Sergio Cefaloni

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 8-25-16
- F. Date of Last Pressure Reducing Valve Test  
Date \_\_\_\_\_
- G. Date of Last Standpipe Flow Test  
Date \_\_\_\_\_
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Unknown

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 80 PSI & Residual Pressure 70 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date _____			
Q. Date of Last Backflow devices tested? Date <u>4-19-19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2016</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Bfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Yes	Yes	No	No	Backflow
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank \_\_\_\_ Pump \_\_\_\_

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-24-19	Riser	2	85	70
This Waterflow Test	2-14-20	Riser	2	80	70

Total Number Of Systems At This Location 4

This Is System Number 1-4

Wet ☒

Dry ☐

PreAction ☒

Other \_\_\_\_\_

Fire Panel Manufacturer & Model

FCI & EST

Comments, adjustments and/or corrections made during this inspection

Trouble in FCI fire panel

No documentation for FDC Hydro Test (can't see check valve)

Authorized Signature \_\_\_\_\_ Inspector Name Sergio Cefaloni

Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970202  
Address 19 Horton Street Stamford CT 06902  
Report For KT Murphy School  
Date of Inspection 02/14/2020 07:30am EST  
Inspector Name Sergio Cefaloni

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 9-30-19
- F. Date of Last Pressure Reducing Valve Test  
Date \_\_\_\_\_
- G. Date of Last Standpipe Flow Test  
Date 4-11-17
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date 9-10-19

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 55 PSI & Residual Pressure 40 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date _____			
Q. Date of Last Backflow devices tested? Date <u>4-16-19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	Bfv	Yes	Yes	No	Yes	
System Control Valves	1	Osy	Yes	Yes	No	Yes	

---

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank      Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-27-19	Riser	2	55	40
This Waterflow Test	2-14-20	Riser	2	55	40

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet ☒ Dry ☒ PreAction ☐ Other ☐

Fire Panel Manufacturer &amp; Model

EST2

Comments, adjustments and/or corrections made during this inspection

[illegible]

Authorized Signature \_\_\_\_\_ Inspector Name Sergio Cefaloni

Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970168

Address 345 Pepper Ridge Road Stamford CT 06905

Report For Newfield Elementary School

Date of Inspection 02/14/2020 02:30pm EST

Inspector Name Albert Valley, Milton Gleason

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 2-13-15
- F. Date of Last Pressure Reducing Valve Test  
Date \_\_\_\_\_
- G. Date of Last Standpipe Flow Test  
Date \_\_\_\_\_
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date \_\_\_\_\_

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 90 PSI & Residual Pressure 25 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date 8/16/19			
Q. Date of Last Backflow devices tested? Date By others _____			
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced 2015	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy piv	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osy bfv	Yes	Yes	No	Yes	
Sectional Control Valves							
System Control Valves	4	Osybfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Ball	Yes	Yes	No	Yes	
Test Header							
Bypass	2	Bfv	Yes	Yes	No	Yes	

## Waterflow Test at Sprinkler Riser

Water Supply Source \_\_\_\_ City \_\_\_\_ Tank \_\_\_\_ Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-19	Riser	2	90	Fc
This Waterflow Test	02-14-2020	Riser	2	90	35

Total Number Of Systems At This Location 3

This Is System Number 1-3

Wet ☒ Dry ☒ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model  
Est \_\_\_\_\_

Comments, adjustments and/or corrections made during this inspection

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Authorized Signature  Inspector Name Albert Valley, Milton Gleason  
Date 02-14-2020 License No. \_\_\_\_\_

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970172

Address 82 Scofieldtown Road Stamford CT 06903

Report For Northeast Elementary School

Date of Inspection 02/18/2020 09:00am EST

Inspector Name Sage Carpenter, AJ Valley

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date Unknown
- F. Date of Last Pressure Reducing Valve Test  
Date N/a
- G. Date of Last Standpipe Flow Test  
Date N/a
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date N/a

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 170 PSI & Residual Pressure 75 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 2/18/2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>N/a</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u>      </u> PSI			
3. Residual pressure reading at valve <u>      </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/a</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/a</u>			
Q. Date of Last Backflow devices tested? Date <u>Other</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>1/9/20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Osy	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source Ok City      Tank      Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Main drain	2"	150	90
This Waterflow Test	2/18/2020	Main drain	2"	170	90

Total Number Of Systems At This Location     2    

This Is System Number 1-2

Wet ☒ Dry ☐ PreAction ☐ Other                     

Fire Panel Manufacturer & Model

Silent knight

Comments, adjustments and/or corrections made during this inspection

Last 5yr internal unknown

No fdc sign

Last 5yr hydrostatic test of fdc unknown

Authorized Signature *Sage Carpenter* Inspector Name Sage Carpenter, AJ Valley

Date 2/18/2020 License No.                     

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970227

Address 202 Blachley Road Stamford CT 06902

Report For Rogers International School

Date of Inspection 02/14/2020 10:00am EST

Inspector Name Sergio Cefaloni

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

1. Free from physical damage?
2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

1. Free from physical damage?
2. Trim valves in appropriate (open/closed) position?
3. No leakage from immediate chamber?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 2-16-15
- F. Date of Last Pressure Reducing Valve Test  
Date \_\_\_\_\_
- G. Date of Last Standpipe Flow Test  
Date \_\_\_\_\_
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Unknown

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 40 PSI & Residual Pressure 35 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/26/19</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6-21-19</u>			
Q. Date of Last Backflow devices tested? Date <u>4-15-19</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2015</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osy/Bfv	Yes	Yes	No	Yes	
Sectional Control Valves							
System Control Valves	5	Bfv	Yes	Yes	No	Yes	

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Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Bfv	Yes	Yes	No	No	
Test Header	2	Bfv	No	Yes	Yes	No	
Bypass	2	Os/Bfv	No	Yes	Yes	No	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City        Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-27-19	Riser	2	40	30
This Waterflow Test	2-14-20	Riser	2	40	35

Total Number Of Systems At This Location 5

This Is System Number 1-5

Wet ☒ Dry ☒ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer &amp; Model

EST2

Comments, adjustments and/or corrections made during this inspection

FDC Hydrostatic Test has no documentation.

12 Water and 1 Air gauge over 5 years old and should be replaced

Obstruction investigation should be done as well on wet systems

Authorized Signature \_\_\_\_\_ Inspector Name Sergio Cefaloni

Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes	No
	✓

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970237  
Address 751 West Hill Road Stamford CT 06902  
Report For Roxbury Elementary School  
Date of Inspection 02/17/2020  
Inspector Name Mike Parillo

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 9/19
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 60 PSI & Residual Pressure 1ce PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 2/20
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>None</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI			
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>Na</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>Na</u>			
Q. Date of Last Backflow devices tested? Date <u>Others</u>			
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>9/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	3	Piv/Osy	Y	Y	N	Y	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	Osy	Y	Y	N	Y	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank      Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Riser	1.25	60	Ice
This Waterflow Test	2/17/20	Riser	1.25	60	Ice

Total Number Of Systems At This Location     2    

This Is System Number     1-2    

Wet ☒ Dry ☐ PreAction ☐ Other                     

Fire Panel Manufacturer & Model

Est

Comments, adjustments and/or corrections made during this inspection

Manual trips on flow freezing conditions

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Authorized Signature  Inspector Name Mike Parillo  
Date 2/17/20 License No. FRP.0041105-F2

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970236

Address 1127 Hope Street Stamford CT 06907

Report For Springdale Elementary School

Date of Inspection 02/17/2020 01:30pm EST

Inspector Name *mailed*

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 2-15-2018
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 75 PSI & Residual Pressure 50 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date Exercise 2-2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>None</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>No record</u>			
Q. Date of Last Backflow devices tested? Date <u>B/O 4-2019</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	OSY	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	OSY/Bfly	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	1	OSY	Yes	Yes	No	Yes	Backflow
Test Header							
Bypass							

### Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank \_\_\_\_ Pump \_\_\_\_

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-2019	Riser	2"	80	FC
This Waterflow Test	2-17-2020	Riser	2"	75	50

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet ☒ Dry ☒ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model  
EST \_\_\_\_\_

Comments, adjustments and/or corrections made during this inspection  
Accelerator out of service.

Dry piping fittings have been silicone.

No record of full trip on dry valve. Need to verify what's wet and dry piping before tripping.

Authorized Signature \_\_\_\_\_ Inspector Name Mark H. H.  
Date \_\_\_\_\_ License No. F2-21771

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970200  
Address 398 Glenbrook Road Stamford CT 06906  
Report For Julia A Stark School  
Date of Inspection 02/14/2020  
Inspector Name Stephen Roy

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions &amp; verify that the valve clapper is operational over its full range.)</i>			
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 04-2019
- F. Date of Last Pressure Reducing Valve Test  
Date N/A
- G. Date of Last Standpipe Flow Test  
Date 2018
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date N/A

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 60 PSI & Residual Pressure 45 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u>    </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u>    </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>12-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osy	Yes	Yes	No	Yes	
Sectional Control Valves	8	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Bfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	1	Osy	Yes	Yes	No	Yes	
Test Header	1	Bfv	No	Yes	Yes	Yes	
Bypass	2	Bfv	Yes	Yes	No	Yes	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-24-19	Main Drain	2"	55	45
This Waterflow Test	02-14-20	Main Drain	2"	60	45

Total Number Of Systems At This Location     2    

This Is System Number 1-2

Wet ☒ Dry ☐ PreAction ☐ Other                     

Fire Panel Manufacturer & Model

Edwards

Comments, adjustments and/or corrections made during this inspection

1) No record of a 5 year hydrostatic test for fire department connection.

Authorized Signature \_\_\_\_\_ Inspector Name Stephen Roy

Date 02-14-20 License No. 0041339

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970229

Address 800 Stillwater Road Stamford CT 06902

Report For Stillmeadow Elementary School

Date of Inspection 02/14/2020 12:00pm EST

Inspector Name Albert Valley, Milton Gleason

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 2/2018
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 95 PSI & Residual Pressure 80 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 12/2019
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>Na</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>8/16/19</u>			
Q. Date of Last Backflow devices tested? Date _____			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Osybfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank \_\_\_\_ Pump \_\_\_\_

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/30/2019	Riser	2"	95	80
This Waterflow Test	02/14/2020	Riser	2"	95	80

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet ☒ Dry ☒ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model  
Est \_\_\_\_\_

Comments, adjustments and/or corrections made during this inspection

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Authorized Signature  Inspector Name Albert Valley, Milton Gleason  
Date 02/14/2020 License No. 41559

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970184  
Address 11 West North Street Stamford CT 06902  
Report For Cloonan Middle School  
Date of Inspection 02/14/2020 10:15am EST  
Inspector Name Albert Valley, Milton Gleason

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 10/2018
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date 4/2019
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 105 PSI & Residual Pressure 85 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 12/2019
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2008</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/26/2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u>    </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve <u>    </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>Na</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>Na</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By others 4/2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osybfv	Yes	Yes	No	Yes	
Sectional Control Valves	13	Bfv	Yes	Yes	No	Yes	
System Control Valves	1	Bfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header	1	Bfv	Yes	Yes	No	Yes	
Bypass	2	Bfv	Yes	Yes	No	Yes	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/30/19	Riser	2"	105	85
This Waterflow Test	02/14/19	Riser	2"	105	85

Total Number Of Systems At This Location     1    

This Is System Number     1    


Wet ☒ Dry ☐ PreAction ☐ Other                     

Fire Panel Manufacturer & Model

EST-3

Comments, adjustments and/or corrections made during this inspection

Dry pendants in cooler and freezer are dated 2008

Authorized Signature  Inspector Name Albert Valley, Milton Gleason  
Date 02/14/2020 License No. 41559

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970171

Address 51 Toms Road Stamford CT 06906

Report For Dolan Middle School

Date of Inspection 02/14/2020 12:30pm EST

Inspector Name Sergio Cefaloni

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 4-16-14
- F. Date of Last Pressure Reducing Valve Test  
Date \_\_\_\_\_
- G. Date of Last Standpipe Flow Test  
Date \_\_\_\_\_
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Unknown

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 75 PSI & Residual Pressure 45 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6-26-19</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date _____			
Q. Date of Last Backflow devices tested? Date <u>12-18-19</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2017</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	Osy	Yes	Yes	No	Yes	
Sectional Control Valves							
System Control Valves	3	Osy	x2/No	Yes	x2/Yes	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Yes	Yes	No	Yes	Backflow Controls
Test Header	1	Osy	No	Yes	Yes	No	
Bypass	2	Bfv	Yes	Yes	No	Yes	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-30-19	Riser	2	145	45
This Waterflow Test	2-14-20	Riser	2	75	40

Total Number Of Systems At This Location     2    

This Is System Number 1-2

Wet ☒ Dry ☐ PreAction ☐ Other                     

Fire Panel Manufacturer & Model

EST-3

Comments, adjustments and/or corrections made during this inspection

Internal/Obstruction investigation needs to be performed for East and West Risers

Hydrostatic for FDC needs to be performed

Authorized Signature \_\_\_\_\_ Inspector Name Sergio Cefaloni

Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970246  
Address 117 Vine Road Stamford CT 06905  
Report For Turn of River Middle School  
Date of Inspection 02/17/2020  
Inspector Name Mike Parillo

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date Others 12/16
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 50 PSI & Residual Pressure 35 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 2/20
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>None</u>			
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>Na</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>Na</u>			
Q. Date of Last Backflow devices tested? Date <u>Others</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2016</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Piv	Y	Y	N	N	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Osy	Y	Y	N	N	
System Control Valves	1	Osy	Y	Y	N	N	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Y	Y	N	N	
Test Header							
Bypass							

## Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank \_\_\_\_ Pump \_\_\_\_

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test					
This Waterflow Test					

Total Number Of Systems At This Location 1

This Is System Number 1

Wet ☒ Dry ☐ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model  
Notifier \_\_\_\_\_

Comments, adjustments and/or corrections made during this inspection

No record of 5 year FDC hydrotest

Both plug tampers on OSY backflow did not report to panel see deficiencies

Authorized Signature  Inspector Name Mike Parillo  
Date 2/17/20 License No. FRP.0041105-F2

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970249

Address 614 Scofieldtown Road Stamford CT 06903

Report For Smithhouse Res/ Scofield Manor

Date of Inspection 02/18/2020 01:00pm EST

Inspector Name Sage Carpenter, AJ Valley

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
--------------------------	--------------------------	-------------------------------------

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 4/14
- F. Date of Last Pressure Reducing Valve Test  
Date N/a
- G. Date of Last Standpipe Flow Test  
Date N/a
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date N/a

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 95 PSI & Residual Pressure 60 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 2/18/2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u>    </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u>    </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>Others / . April 2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2014</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	9	Bfv	Yes	Yes	No	Yes	
System Control Valves	1	Osy	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	1	Bfv	Yes	Yes	No	Yes	
Test Header							
Bypass							

### Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank \_\_\_\_ Pump \_\_\_\_

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Main drain	2"	85	70
This Waterflow Test	2/18/2020	Main drain	2"	90	65

Total Number Of Systems At This Location 9

This Is System Number 1-9

Wet ☒ Dry ☐ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model

Est \_\_\_\_\_

Comments, adjustments and/or corrections made during this inspection

5yr internal/ obstruction investigation due this year

Water gauges are outdated (13 water)

Authorized Signature *Sage Carpenter* Inspector Name Sage Carpenter, AJ Valley  
Date 2/18/2020 License No. \_\_\_\_\_

Is a separate form being used for multiple valves?

Yes ☐ No ☒

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970207

Address 381 High Ridge Road Stamford CT 06905

Report For Rippowam Middle School

Date of Inspection 02/18/2020 09:15am EST

Inspector Name Mark Deleh

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? **Dlb Check**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions &amp; verify that the valve clapper is operational over its full range.)</i>			
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 5-2019
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 60 PSI & Residual Pressure 50 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date Exercise 2-2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2019x2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>B/O 3-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>3-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OSY	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	OSY	Yes	Yes	No	Yes	
Sectional Control Valves	11	Bfly	Yes	Yes	No	Yes	
System Control Valves	5	Bfly	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header	1	Bfly	No	Yes	Yes	Yes	
Bypass	2	Bfly	Yes	Yes	No	Yes	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-2019	Riser	2"	55	50
This Waterflow Test	2-18-2020	Riser	2"	60	50

Total Number Of Systems At This Location     6    

This Is System Number 1-6

Wet ☒ Dry ☒ PreAction ☐ Other                     

Fire Panel Manufacturer & Model

EST-3

Comments, adjustments and/or corrections made during this inspection

Head guards (20) missing in gymnasium.

Authorized Signature \_\_\_\_\_ Inspector Name ma h 14

Date \_\_\_\_\_ License No. F2-21771

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970242  
Address 55 Strawberry Hill Avenue Stamford CT 06902  
Report For Stamford High School  
Date of Inspection 02/14/2020  
Inspector Name Stephen Roy

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions &amp; verify that the valve clapper is operational over its full range.)</i>			
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 06-2019
- F. Date of Last Pressure Reducing Valve Test  
Date N/A
- G. Date of Last Standpipe Flow Test  
Date 06-2019
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date N/A

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 145 PSI & Residual Pressure FP PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date \_\_\_\_\_
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u>    </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u>    </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>06-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2017</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	1	Osy	Yes	Yes	No	Yes	
Sectional Control Valves	13	Bfv	Yes	Yes	No	Yes	
System Control Valves	4	Osy/Bfv	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Yes	Yes	No	Yes	
Test Header	1	Bfv	No	Yes	Yes	Yes	
Bypass	4	Bfv	Yes	Yes	No	Yes	

### Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-19	Main Drain	2"	145	FP
This Waterflow Test	02-14-20	Main Drain	2"	145	FP

Total Number Of Systems At This Location 3

This Is System Number 1-3

Wet ☒ Dry ☒ PreAction ☐ Other \_\_\_\_\_

Fire Panel Manufacturer & Model

EST-3

Comments, adjustments and/or corrections made during this inspection

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Authorized Signature \_\_\_\_\_ Inspector Name Stephen Roy

Date 02-14-20 License No. 0041339

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970191  
Address 125 Roxbury Road Stamford CT 06902  
Report For Westhill High School  
Date of Inspection 02/17/2020  
Inspector Name Mike Parillo

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

- A. Preaction & Deluge Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
  - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
  - 1. Free from physical damage?
  - 2. Trim valves in appropriate (open/closed) position?
  - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 10/19
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date 10/19
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date 10/19

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 70 PSI & Residual Pressure 60 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date 2/20
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2002</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2007</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	3	Osy	Y	Y	N	N	
Tank Control Valves	1	Osy	Y	Y	N	N	
Pump Control Valves	2	Bfv	Y	Y	N	N	
Sectional Control Valves	13	Bfv	Y	Y	N	N	
System Control Valves	8	Bfv	Y	Y	N	N	

---

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header	1	Bfv	N	Y	Y	N	
Bypass	2	Bfv	Y	Y	N	Y	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City      Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/26/19	Riser	2	75	50
This Waterflow Test	2/17/20	Riser	2	70	60

Total Number Of Systems At This Location 8

This Is System Number 1-8

Wet	<input checked="" type="checkbox"/>	Dry	<input checked="" type="checkbox"/>	PreAction	<input type="checkbox"/>	Other	<input type="checkbox"/>
-----	-------------------------------------	-----	-------------------------------------	-----------	--------------------------	-------	--------------------------

Fire Panel Manufacturer & Model  
Est

Comments, adjustments and/or corrections made during this inspection

## Full inspection of all buildings

## 500 wing elevator tamper would not clear see deficiencies

Authorized Signature *Mike Parillo* Inspector Name Mike Parillo  
Date 2/17/20 License No. FRP 0041105-F2

Date 2/17/20 License No. FRP.0041105-F2

Is a separate form being used for multiple valves?

Yes	No
	✓

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410  
203-250-1115 (Phone)  
Ct. License F1-40797  
Service@FireProtectionTesting.com

ServiceTrade Job No 17970186

Address 411 High Ridge Road Stamford CT 06905

Report For A.I.T.E.

Date of Inspection 02/18/2020 12:30pm EST

Inspector Name *Mark Deleh*

**Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.**

## Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## Part II Inspector's Section

### A. Inspections

#### 1. Inspection Items

##### A. Preaction & Deluge Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
- 3. Electrical components appear in service?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

##### B. Dry-Pipe Valves

- 1. Free from physical damage?
- 2. Trim valves in appropriate (open/closed) position?
- 3. No leakage from immediate chamber?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? **Dlb Check**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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#### 2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

## 1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection  
Date 4-26-2019
- F. Date of Last Pressure Reducing Valve Test  
Date Na
- G. Date of Last Standpipe Flow Test  
Date 4-26-2019
- H. Date of Last Hydrostatic Test of Dry Standpipe  
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

## B. Testing

**The following tests are to be performed at the noted intervals.**

### 1. Tests Performed

- A. Sprinkler system main drain test
  - 1. Record Static Pressure 60 PSI & Residual Pressure 50 PSI  
Was flow observed?
  - 2. Did water motor gong activate on water flow?
  - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
  - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
  - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
  - 3. Alarms actuated?
  - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated  
Date Exercise 2-2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?  
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date \_\_\_\_\_

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2006 x2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>B/O 4-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>9-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Part III – Table

**Control Valve Maintenance Table**

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OSY	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	OSY/Bfly	Yes	Yes	No	Yes	
Sectional Control Valves	7	Bfly	Yes	Yes	No	Yes	
System Control Valves	2	Bfly	Yes	Yes	No	Yes	

# FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	6	Bfly	Yes	Yes	No	Yes	
Test Header	1	Bfly	No	Yes	Yes	Yes	
Bypass	2	Bfly	Yes	Yes	No	Yes	

## Waterflow Test at Sprinkler Riser

Water Supply Source X City \_\_\_\_ Tank X Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-30-2019	Riser	2"	60	50
This Waterflow Test	2-18-2020	Riser	2"	60	50

Total Number Of Systems At This Location 3

This Is System Number 1-3

Wet ☒ Dry ☒ PreAction ☐ Other Standpipe

Fire Panel Manufacturer & Model

EST-3

Comments, adjustments and/or corrections made during this inspection

Two (2) Dry pendant heads in walk in cooler(kitchen) over ten years old.

No record of Laser pump alignment.

Authorized Signature \_\_\_\_\_ Inspector Name Mark H. H.  
Date \_\_\_\_\_ License No. F2-21771

Is a separate form being used for multiple valves?

Yes	No
<input type="checkbox"/>	<input checked="" type="checkbox"/>

# **SEMI ANNUAL TESTINGS**



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 8:44 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: HART MAGNET ELEMENTARY SCHOOL  
 Address: 61 ADAMS AVENUE  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-5082  
 Email: \_\_\_\_\_

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 3 GAL  
 Control Head: AUTOMAN  
 Location of System: LEFT OF HOOD 5 NOZZLES

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2030</u> 6-yr maint due: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>1</u>	<u>360</u>	<u>°</u>

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

6 BR W/ SHELF, DBL CONV OVEN

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant



Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Pull station needs to be lowered between 40" - 48" to meet code.

Allstate Fire Equipment Agent: Miguel LorenzoDate: 2/18/2020

Customer's Authorized Agent: \_\_\_\_\_

Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

Mech. Lic F30021

**STUART L. WHITE CO.**

Elec. Lic. 105646

543 BOSTON POST ROAD • MILFORD, CT 06460 • PHONE 203-878-6311 • FAX 203-877-3945

Date 11-26-19Order No. #17447372

Charge To:

F.P.T.

Ship To:

WESTHILL HIGH SCHOOL125 ROXBURY RD.STAMFORD, CT

Date Rec.

Date Comp. 11-26-19

Dept.

**INSPECTION OF FIXED FIRE EXTINGUISHING SYSTEM**Make of system inspected? PRO-TEX II Type? WET-CHEMICALHazard or hazards protected? KITCHEN HOOD DUCT & 6 BURNER RANGEIf more than one, check one—Protected via Directional Valves ☐ Protected Simultaneously ☒Check type of system—Rate of Rise Auto. ☐ Electric Auto. ☐ Remote Manual Only ☐ Local Manual Only ☐Fuse Link Auto. ☒ Other—If system is automatic, is remote manual release added — Yes ☒ No ☐No. of cylinders in main system? 1 Size of cylinders? 4.60 GALLON W/CIs there a connected reserve? NO No. and size of cylinders? —Have all cylinders been weighed and found full? YES Hydro. Test Dates? 2008List no. of pressure switches, if any: Alarm 1 BURN Red Light — Fan Shut Off —Machinery Shut Off — Others ELEC EQUIP. SHUT OFFDo all pressure switches operate properly? YESList no. of pressure trips: Doors — Windows — Dampers — Fuel Line Shut Off —Others —Do all pressure trips operate properly? NONEDoes remote manual release or releases operate properly? YESDoes local manual release or releases operate properly? NONEIf system is automatic, list no. of Actuators — Thermostats — Fuse Links 3-450° FIf electric automatic, was heat test performed? — Do releases operate? —If rate-of-rise automatic, no. and type of releases —

List setting and vent in the automatic R. R. releases below—

Primary head or heads — Setting — Vent — Setting — Vent —Tandem head or heads — Settings — Vent — Settings — Vent —Is tubing line to actuators air tight? —Is mercury check used? Yes ☐ No ☐ If Yes, list settings and vents.1st Well-Setting — Vent — 2nd Well-Setting — Vent —3rd Well-Setting — Vent — 4th Well-Setting — Vent —Was heat test performed? Yes ☐ No ☐ If Yes, do releases operate? —Are all nozzles in proper working order? YES Pipe and Fittings? O.K.Remarks: REPLACED FUSE LINKS, CO<sup>2</sup> CHARGES & O<sup>2</sup> RATE.THIS SYSTEM IS IN WORKING ORDEROwner Rep. XService Inspector [Signature]

Date 11-26-19Order No. #17447372

Charge To:

FRT

Ship To:

WESTHILL HIGH SCHOOL125 ROXBURY RD.STAMFORD, CT

Date Rec.

Date Comp. 11-26-19

Dept.

FOOD SCIENCE LAB (VOC BLDG)

## INSPECTION OF FIXED FIRE EXTINGUISHING SYSTEM

Make of system inspected? ANSEL FOR SSC LT-30 Type? WET-CHEMICALHazard or hazards protected? HOOD #2, DUCT & 4 BURNER RANGEIf more than one, check one—Protected via Directional Valves ☐ Protected Simultaneously ☒Check type of system—Rate of Rise Auto. ☐ Electric Auto. ☐ Remote Manual Only ☐ Local Manual Only ☐Fuse Link Auto. ☒ Other—If system is automatic, is remote manual release added — Yes ☒ No ☐No. of cylinders in main system? 1 Size of cylinders? 3 GALLON WKIs there a connected reserve? NO No. and size of cylinders? —Have all cylinders been weighed and found full? YES Hydro. Test Dates? 2016List no. of pressure switches, if any: Alarm 1 BLDG Red Light — Fan Shut Off —Machinery Shut Off — Others ELEC GAS 3/OFFDo all pressure switches operate properly? YESList no. of pressure trips: Doors — Windows — Dampers — Fuel Line Shut Off —Others —Do all pressure trips operate properly? NONEDoes remote manual release or releases operate properly? YESDoes local manual release or releases operate properly? NONEIf system is automatic, list no. of Actuators — Thermostats — Fuse Links 1-360If electric automatic, was heat test performed? — Do releases operate? —If rate-of-rise automatic, no. and type of releases —

List setting and vent in the automatic R. R. releases below—

Primary head or heads — Setting — Vent — Setting — Vent —Tandem head or heads — Settings — Vent — Settings — Vent —Is tubing line to actuators air tight? —Is mercury check used? Yes ☐ No ☐ If Yes, list settings and vents.1st Well-Setting — Vent — 2nd Well-Setting — Vent —3rd Well-Setting — Vent — 4th Well-Setting — Vent —Was heat test performed? Yes ☐ No ☐ If Yes, do releases operate? —Are all nozzles in proper working order? YES Pipe and Fittings? O.K.Remarks: \*REPAIRS FUSE LINK & 3 RUBBER NOZZLE POWERSTHIS SYSTEM IS IN WORKING ORDEROwner Rep. PService Inspector [Signature]

Mech. Lic F30021

**STUART L. WHITE CO.**

Elec. Lic. 105646

543 BOSTON POST ROAD • MILFORD, CT 06460 • PHONE 203-878-6311 • FAX 203-877-3945

Date 11-26-19Order No. #17447372

Charge To:.....

F.P.T.

Ship To:.....

WESTHILL HIGH SCHOOL125 ROXBURY RD.STAMFORD, CT

Date Rec. ....

Date Comp. 11-26-19

Dept. ....

FOOD SCIENCE LAB (VOC. BLDG)**INSPECTION OF FIXED FIRE EXTINGUISHING SYSTEM**

Make of system inspected? .....

ANSUL R10.2 SEC. LT-30

Type? .....

WET-CHEMICAL

Hazard or hazards protected? .....

HOOD #1, DUCT #6 BURNER RANGEIf more than one, check one—Protected via Directional Valves ☐Protected Simultaneously ☒Check type of system—Rate of Rise Auto. ☐Electric Auto. ☐Remote Manual Only ☐Local Manual Only ☐Fuse Link Auto. ☒Other— ☐If system is automatic, is remote manual release added — Yes ☒No ☐

No. of cylinders in main system? .....

1

Size of cylinders? .....

36 GALLON w/c

Is there a connected reserve? .....

NO

No. and size of cylinders? .....

Have all cylinders been weighed and found full? .....

YES

Hydro. Test Dates? .....

2016List no. of pressure switches, if any: Alarm 1 BLDG

Red Light .....

Fan Shut Off .....

Machinery Shut Off .....

Others ELEC. EQUIP. SHUT

Do all pressure switches operate properly? .....

YES

List no. of pressure trips: Doors .....

Windows .....

Dampers .....

Fuel Line Shut Off .....

Others .....

Do all pressure trips operate properly? .....

NONE

Does remote manual release or releases operate properly? .....

YES

Does local manual release or releases operate properly? .....

NONE

If system is automatic, list no. of Actuators .....

Thermostats .....

Fuse Links 1-360°

If electric automatic, was heat test performed? .....

Do releases operate? .....

If rate-of-rise automatic, no. and type of releases .....

List setting and vent in the automatic R. R. releases below—

Primary head or heads — Setting .....

Vent .....

Setting .....

Vent .....

Tandem head or heads — Settings .....

Vent .....

Settings .....

Vent .....

Is tubing line to actuators air tight? .....

Is mercury check used? Yes ☐No ☐

If Yes, list settings and vents.

1st Well-Setting .....

Vent .....

2nd Well-Setting .....

Vent .....

3rd Well-Setting .....

Vent .....

4th Well-Setting .....

Vent .....

Was heat test performed? Yes ☐No ☐

If Yes, do releases operate? .....

Are all nozzles in proper working order? .....

YESPipe and Fittings? O.K.

Remarks: .....

\*REPLACED FUSE LINK & 4 RUBBER NOZZLE COVERSTHIS SYSTEM IS IN WORKING ORDEROwner Rep. [Signature]Service Inspector [Signature]



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 10:55 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: TOQUAM MAGNET SCHOOL  
 Address: 123 RIDGEWOOD  
 City: STAMFORD State: CT Zip: 06907  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-4556  
 Email: dborsey@stamfordct.gov

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 3 GAL  
 Control Head: AUTOMAN  
 Location of System: Left end cab

Yes No N/A

1 Hazard unchanged since last inspection	X		
2 System interlocked with building fire alarm	X		
3 All hazards properly covered with correct nozzles	X		
4 Hood / duct penetrations properly sealed	X		
5 Grease accumulation: Excessive Heavy X Normal			
6 Pressure gauge within acceptable range			X
7 Cartridge weight within acceptable range WT. <u>46</u>	X		
8 Cylinder Hydrotest due: <u>2019</u> 6-yr maint due:			
9 Cylinder properly mounted	X		
10 Detection line proper and operable	X		
11 Replaced fusible links - Mfg Date <u>2020</u>	X		
12 Quantity Fusible Links / Thermal Detectors Installed			

212° 280° 3 360° 450° 500° other (     ° )

Hazard Protected (left to right):

Dbl conv o, hot top/griddle w/shelf.

Yes No N/A

13 Manual release proper and operable		X	
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>			
15 Gas valve connected to system <u>MECH</u>	X		
16 Piping / conduit securely bracketed	X		
17 Piping obstruction test performed	X		
18 Proper nozzle caps/covers in place QTY: <u>6</u>	X		
19 Exhaust fan in operating condition	X		
20 System operational and armed	X		
21 Fan warning sign on hood	X		
22 K-Class fire extinguisher in cooking area	X		
23 Portable ABC fire extinguisher in kitchen area		X	
24 Personnel instructed on manual operation of system	X		
25 Filters compliant with NFPA96	X		
26 System meets U.L. 300 / 1254 standards	X		

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

X Non-Compliant

X Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System is over due for hydro test, pull station is over 48in, piping obstruction test passed.

Allstate Fire Equipment Agent: Eric BoughtonDate: 2/18/2020Customer's Authorized Agent: David BorseyDate: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

FAIL

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 12:00 PMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: JULIA A STARK SCHOOL  
 Address: 398 GLENBROOK ROAD  
 City: STAMFORD State: CT Zip: 06906  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-4583  
 Email: \_\_\_\_\_

## System Information:

Make: PYROCHEM  
 Model: KKII Other Size \_\_\_\_\_  
 Size: PCL 460  
 Control Head: EN/MCU2  
 Location of System: Wall behind hood

Yes No N/A

	Yes	No	N/A
1 Hazard unchanged since last inspection	X		
2 System interlocked with building fire alarm	X		
3 All hazards properly covered with correct nozzles	X		
4 Hood / duct penetrations properly sealed	X		
5 Grease accumulation: Excessive Heavy X Normal			
6 Pressure gauge within acceptable range	X		
7 Cartridge weight within acceptable range WT. _____			X
8 Cylinder Hydrotest due: <u>2021</u> 6-yr maint due: _____			
9 Cylinder properly mounted	X		
10 Detection line proper and operable	X		
11 Replaced fusible links - Mfg Date <u>2020</u>	X		
12 Quantity Fusible Links / Thermal Detectors Installed	X		

\_\_\_\_\_ 212° \_\_\_\_\_ 280° 3 360° \_\_\_\_\_ 450° \_\_\_\_\_ 500° \_\_\_\_\_ other ( \_\_\_\_\_ °)

Hazard Protected (left to right):

Conv o x2, kettle, 6-burner w/shelf.

Yes No N/A

	Yes	No	N/A
13 Manual release proper and operable		X	
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>			
15 Gas valve connected to system <u>MECH</u>	X		
16 Piping / conduit securely bracketed	X		
17 Piping obstruction test performed	X		
18 Proper nozzle caps/covers in place QTY: <u>8</u>	X		
19 Exhaust fan in operating condition	X		
20 System operational and armed	X		
21 Fan warning sign on hood	X		
22 K-Class fire extinguisher in cooking area	X		
23 Portable ABC fire extinguisher in kitchen area		X	
24 Personnel instructed on manual operation of system	X		
25 Filters compliant with NFPA96	X		
26 System meets U.L. 300 / 1254 standards	X		

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Compliant

Non-Compliant



Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Piping obstruction test passed, system is due for hydro next year, filters have no latches to keep them from falling out.

Allstate Fire Equipment Agent: Eric Boughton Date: 2/18/2020Customer's Authorized Agent: Mark Fox Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

PASS

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

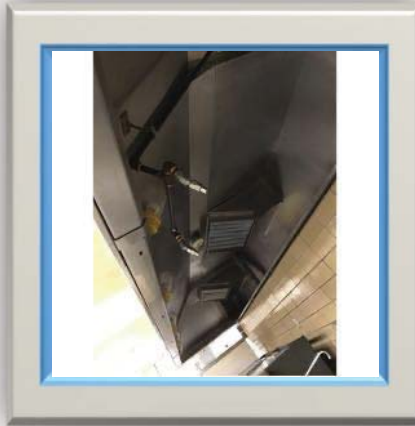




System Tagged:



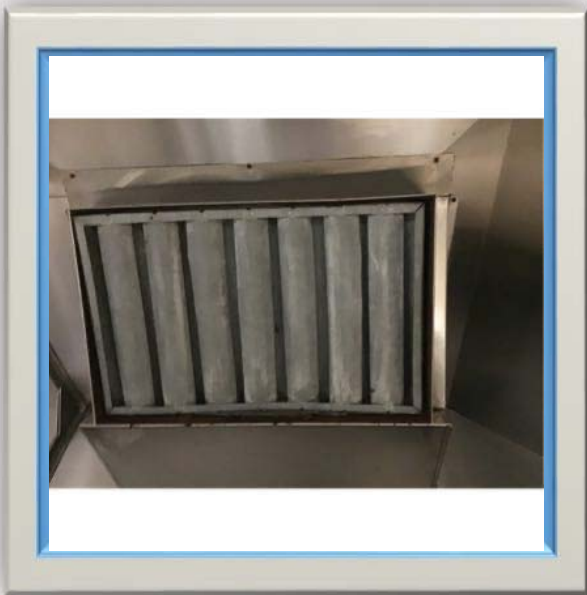
Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 6:42 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: SPRINGDALE ELEMENTARY SCHOOL  
 Address: 1127 HOPE STREET  
 City: STAMFORD State: CT Zip: 06907  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 997-4575  
 Email: \_\_\_\_\_

## System Information:

Make: PYRO CHEM  
 Model: KKII Other Size \_\_\_\_\_  
 Size: 300/460  
 Control Head: NMCH3  
 Location of System: RIGHT OF HOOD 11/6/18 SYSTEM

	Yes	No	N/A
1 Hazard unchanged since last inspection	X		
2 System interlocked with building fire alarm	X		
3 All hazards properly covered with correct nozzles	X		
4 Hood / duct penetrations properly sealed	X		
5 Grease accumulation: Excessive Heavy X Normal			
6 Pressure gauge within acceptable range	X		
7 Cartridge weight within acceptable range WT. _____			X
8 Cylinder Hydrotest due: <u>2030</u> 6-yr maint due: _____			
9 Cylinder properly mounted	X		
10 Detection line proper and operable	X		
11 Replaced fusible links - Mfg Date <u>2019</u> used in _____	X		
12 Quantity Fusible Links / Thermal Detectors Installed			

3 360 °

	Yes	No	N/A
13 Manual release proper and operable	X		
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>			
15 Gas valve connected to system <u>MECH</u>	X		
16 Piping / conduit securely bracketed	X		
17 Piping obstruction test performed		X	
18 Proper nozzle caps/covers in place QTY: <u>9</u>	X		
19 Exhaust fan in operating condition	X		
20 System operational and armed	X		
21 Fan warning sign on hood	X		
22 K-Class fire extinguisher in cooking area	X		
23 Portable ABC fire extinguisher in kitchen area	X		
24 Personnel instructed on manual operation of system	X		
25 Filters compliant with NFPA96	X		
26 System meets U.L. 300 / 1254 standards	X		

Hazard Protected (left to right):

KETTLE, 6BR W/SHLF, DBL CONV OVEN X2

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Allstate Fire Equipment Agent: Kalil Thomas Date: 2/18/2020Customer's Authorized Agent: \_\_\_\_\_ Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 11:48 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: STAMFORD HIGH SCHOOL  
 Address: 55 STRAWBERRY HILL  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-5430  
 Email: \_\_\_\_\_

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 6 GAL  
 Control Head: AUTOMAN  
 Location of System: WALL @END OF HOOD #1 13

Yes No N/A

- 1 Hazard unchanged since last inspection ☒ ☐ ☐  
 2 System interlocked with building fire alarm ☒ ☐ ☐  
 3 All hazards properly covered with correct nozzles ☒ ☐ ☐  
 4 Hood / duct penetrations properly sealed ☒ ☐ ☐  
 5 Grease accumulation: Excessive Heavy ☒ Normal  
 6 Pressure gauge within acceptable range ☐ ☐ ☒  
 7 Cartridge weight within acceptable range WT. \_\_\_\_\_  
 8 Cylinder Hydrotest due: 2019 6-yr maint due: \_\_\_\_\_  
 9 Cylinder properly mounted ☒ ☐ ☐  
 10 Detection line proper and operable ☒ ☐ ☐  
 11 Replaced fusible links - Mfg Date 2020 ☒ ☐ ☐  
 12 Quantity Fusible Links / Thermal Detectors Installed 6 360 °

Yes No N/A

- 13 Manual release proper and operable ☒ ☐ ☐  
 14 Microswitches installed QTY: 4 Tied-in QTY: 4  
 15 Gas valve connected to system ELEC ☒ ☐ ☐  
 16 Piping / conduit securely bracketed ☒ ☐ ☐  
 17 Piping obstruction test performed ☒ ☐ ☐  
 18 Proper nozzle caps/covers in place QTY: 13 ☒ ☐ ☐  
 19 Exhaust fan in operating condition ☒ ☐ ☐  
 20 System operational and armed ☒ ☐ ☐  
 21 Fan warning sign on hood ☒ ☐ ☐  
 22 K-Class fire extinguisher in cooking area ☒ ☐ ☐  
 23 Portable ABC fire extinguisher in kitchen area ☐ ☒ ☐  
 24 Personnel instructed on manual operation of system ☒ ☐ ☐  
 25 Filters compliant with NFPA96 ☒ ☐ ☐  
 26 System meets U.L. 300 / 1254 standards ☒ ☐ ☐

Hazard Protected (left to right):

DBL CONV OVEN, 6 BR W/ SHF, DBL STEAMER, CONV OVEN, DBL CONV OVEN, TILT SKILLET, TILT KETTLE

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System tanks are due for hydro test.

Allstate Fire Equipment Agent: Miguel Lorenzo M L Date: 2/18/2020Customer's Authorized Agent: Araiente C. F. Araiente Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

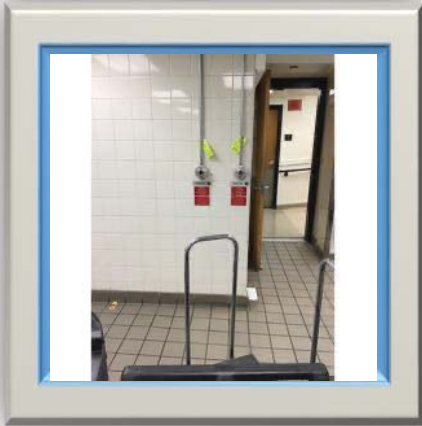
AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 11:45 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: STAMFORD HIGH SCHOOL  
 Address: 55 STRAWBERRY HILL  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-5430  
 Email: \_\_\_\_\_

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 3 GAL  
 Control Head: AUTOMAN  
 Location of System: RIGHT OF HOOD 2 RT OF HOOD 4

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2019</u> 6-yr maint due: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>2</u>	<u>360</u>	<u>°</u>

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>ELEC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

2 FRYERS

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System tank is due for hydro test.

Allstate Fire Equipment Agent: Miguel Lorenzo m l Date: 2/18/2020Customer's Authorized Agent: Araiente C. J. Araiente Date: 2/18/2020

If testing for Authority Having Jurisdiction: Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

**ALLSTATE FIRE EQUIPMENT****New England's Leader in Fire Protection**

Office (860) 793-6900

Fax (860) 793-6906

70 Robert Jackson Way  
Plainville, CT 06062Pre-Engineered System Inspection ReportDate of Service: 2/18/2020 Time: 8:29 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

☐☒☐☐☐☐Customer / LocationName: SCOFIELD MAGNET MIDDLE SCHOOLAddress: 641 SCOFIELDTOWNCity: STAMFORD State: CT Zip: 06903

Owner / Manager \_\_\_\_\_

Phone: (203) 977-2750Email: tlucero@stamfordct.govSystem Information:Make: ANSULModel: R102

Other Size

Size: 6 GALControl Head: AUTOMANLocation of System: WALL BEHIND HOOD 9 NOZZLES

1 Hazard unchanged since last inspection

2 System interlocked with building fire alarm

3 All hazards properly covered with correct nozzles

4 Hood / duct penetrations properly sealed

5 Grease accumulation: Excessive Heavy ☒ Normal

6 Pressure gauge within acceptable range

7 Cartridge weight within acceptable range WT. \_\_\_\_\_

8 Cylinder Hydrotest due: 2023

6-yr maint due: \_\_\_\_\_

9 Cylinder properly mounted

10 Detection line proper and operable

11 Replaced fusible links - Mfg Date 2019 used in

12 Quantity Fusible Links / Thermal Detectors Installed

Yes No N/A

X		
X		
X		
X		

		X
X		

X		
X		
X		

3360

°

13 Manual release proper and operable

14 Microswitches installed QTY: 3 Tied-in QTY: 315 Gas valve connected to system MECH

16 Piping / conduit securely bracketed

17 Piping obstruction test performed

18 Proper nozzle caps/covers in place QTY: 9

19 Exhaust fan in operating condition

20 System operational and armed

21 Fan warning sign on hood

22 K-Class fire extinguisher in cooking area

23 Portable ABC fire extinguisher in kitchen area

24 Personnel instructed on manual operation of system

25 Filters compliant with NFPA96

26 System meets U.L. 300 / 1254 standards

Yes No N/A

X		
X		
X		
X		

X		
X		

X		
X		
X		
X		
X		
X		
X		
X		

Hazard Protected (left to right):

DBLE CONV OVEN, PANINI PRESS, GRIDDLE, 6BR W/ SHLF, CONV OVEN

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: \_\_\_\_\_

Allstate Fire Equipment Agent: Kalil ThomasDate: 2/18/2020

Customer's Authorized Agent: \_\_\_\_\_

Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 6:22 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: ROXBURY ELEMENTARY SCHOOL  
 Address: 751 WEST HILL ROAD  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-4287  
 Email: psauer@stamfordct.gov

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 6 GALLON  
 Control Head: AUTOMAN  
 Location of System: Left end cab

Yes No N/A

1 Hazard unchanged since last inspection	X		
2 System interlocked with building fire alarm	X		
3 All hazards properly covered with correct nozzles		X	
4 Hood / duct penetrations properly sealed	X		
5 Grease accumulation: Excessive Heavy X Normal			
6 Pressure gauge within acceptable range			X
7 Cartridge weight within acceptable range WT. <u>59</u>	X		
8 Cylinder Hydrotest due: <u>2025</u> 6-yr maint due:			
9 Cylinder properly mounted	X		
10 Detection line proper and operable	X		
11 Replaced fusible links - Mfg Date <u>2020</u>	X		
12 Quantity Fusible Links / Thermal Detectors Installed			

212° 280° 4 360° 450° 500° other (     ° )

Hazard Protected (left to right):

6-burner/hot top w/shelf, tilt skillet.

Yes No N/A

13 Manual release proper and operable	X		
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>			
15 Gas valve connected to system <u>ELEC</u>	X		
16 Piping / conduit securely bracketed	X		
17 Piping obstruction test performed	X		
18 Proper nozzle caps/covers in place QTY: <u>11</u>	X		
19 Exhaust fan in operating condition	X		
20 System operational and armed	X		
21 Fan warning sign on hood	X		
22 K-Class fire extinguisher in cooking area	X		
23 Portable ABC fire extinguisher in kitchen area	X		
24 Personnel instructed on manual operation of system	X		
25 Filters compliant with NFPA96	X		
26 System meets U.L. 300 / 1254 standards	X		

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

X Non-Compliant

X Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Appliances need realignment, range not within 6in of hood protection, piping obstruction test passed.

Allstate Fire Equipment Agent: Eric BoughtonDate: 2/18/2020Customer's Authorized Agent: Paul SauerDate: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

FAIL

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 6:34 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: ROGERS INTERNATIONAL SCHOOL  
 Address: 202 BLACHLEY ROAD  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-4560  
 Email: \_\_\_\_\_

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 3 GAL  
 Control Head: AUTOMAN  
 Location of System: LEFT OF HOOD 11 NOZZLES

Yes No N/A

- 1 Hazard unchanged since last inspection ☒ ☐ ☐  
 2 System interlocked with building fire alarm ☒ ☐ ☐  
 3 All hazards properly covered with correct nozzles ☒ ☐ ☐  
 4 Hood / duct penetrations properly sealed ☒ ☐ ☐  
 5 Grease accumulation: Excessive Heavy ☒ Normal \_\_\_\_\_  
 6 Pressure gauge within acceptable range ☐ ☐ ☒  
 7 Cartridge weight within acceptable range WT. \_\_\_\_\_  
 8 Cylinder Hydrotest due: 2020 6-yr maint due: \_\_\_\_\_  
 9 Cylinder properly mounted ☒ ☐ ☐  
 10 Detection line proper and operable ☒ ☐ ☐  
 11 Replaced fusible links - Mfg Date 2020 ☒ ☐ ☐  
 12 Quantity Fusible Links / Thermal Detectors Installed 10 360 °

Yes No N/A

- 13 Manual release proper and operable ☒ ☐ ☐  
 14 Microswitches installed QTY: 3 Tied-in QTY: 3  
 15 Gas valve connected to system MECH ☒ ☐ ☐  
 16 Piping / conduit securely bracketed ☒ ☐ ☐  
 17 Piping obstruction test performed ☒ ☐ ☐  
 18 Proper nozzle caps/covers in place QTY: 11 ☒ ☐ ☐  
 19 Exhaust fan in operating condition ☒ ☐ ☐  
 20 System operational and armed ☒ ☐ ☐  
 21 Fan warning sign on hood ☒ ☐ ☐  
 22 K-Class fire extinguisher in cooking area ☒ ☐ ☐  
 23 Portable ABC fire extinguisher in kitchen area ☒ ☒ ☐  
 24 Personnel instructed on manual operation of system ☒ ☐ ☐  
 25 Filters compliant with NFPA96 ☒ ☐ ☐  
 26 System meets U.L. 300 / 1254 standards ☒ ☐ ☐

Hazard Protected (left to right):

DBL CONV OVEN, X 2, 6 BR W/ SHELF, KETTLE, DBL STEAMER

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System Tank is due for a Hydro Test.

Allstate Fire Equipment Agent: Miguel LorenzoDate: 2/18/2020Customer's Authorized Agent: Bob MalcolmDate: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 9:04 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: RIPPOWAM MIDDLE SCHOOL  
 Address: 381 HIGH RIDGE ROAD  
 City: STAMFORD State: CT Zip: 06905  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 997-5255  
 Email: \_\_\_\_\_

## System Information:

Make: BUCKEYE  
 Model: BFR Other Size \_\_\_\_\_  
 Size: \_\_\_\_\_ BFR-10  
 Control Head: SRM  
 Location of System: Wall @ end of hood

Yes No N/A

1 Hazard unchanged since last inspection	X		
2 System interlocked with building fire alarm	X		
3 All hazards properly covered with correct nozzles	X		
4 Hood / duct penetrations properly sealed	X		
5 Grease accumulation: Excessive Heavy X Normal			
6 Pressure gauge within acceptable range	X		
7 Cartridge weight within acceptable range WT. _____			X
8 Cylinder Hydrotest due: <u>2022</u> 6-yr maint due: _____			
9 Cylinder properly mounted	X		
10 Detection line proper and operable	X		
11 Replaced fusible links - Mfg Date <u>2020</u>	X		
12 Quantity Fusible Links / Thermal Detectors Installed	X		

\_\_\_\_ 212° \_\_\_\_ 280° 3 360° \_\_\_\_ 450° \_\_\_\_ 500° \_\_\_\_ other ( \_\_\_\_ °)

Hazard Protected (left to right):

Tilt kettle, dbl conv o, hot top x2.

Yes No N/A

13 Manual release proper and operable	X		
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>			
15 Gas valve connected to system <u>ELEC</u>	X		
16 Piping / conduit securely bracketed	X		
17 Piping obstruction test performed	X		
18 Proper nozzle caps/covers in place QTY: <u>9</u>	X		
19 Exhaust fan in operating condition	X		
20 System operational and armed	X		
21 Fan warning sign on hood	X		
22 K-Class fire extinguisher in cooking area	X		
23 Portable ABC fire extinguisher in kitchen area		X	
24 Personnel instructed on manual operation of system	X		
25 Filters compliant with NFPA96	X		
26 System meets U.L. 300 / 1254 standards			

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

X Non-Compliant

X Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Detection line is not to manufacturers spec. Piping obstruction test passed.

Allstate Fire Equipment Agent: Eric BoughtonDate: 2/18/2020

Customer's Authorized Agent: \_\_\_\_\_

Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

FAIL

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

**ALLSTATE FIRE EQUIPMENT****New England's Leader in Fire Protection**Office (860) 793-6900  
Fax (860) 793-690670 Robert Jackson Way  
Plainville, CT 06062Pre-Engineered System Inspection ReportDate of Service: 2/18/2020 Time: 9:08 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐Customer / LocationName: NORTHEAST ELEMENTARY SCHOOLAddress: 82 SCOFIELDTOWNCity: STAMFORD State: CT Zip: 06903

Owner / Manager \_\_\_\_\_

Phone: (203) 977-4469

Email: \_\_\_\_\_

System Information:Make: PYRO CHEMModel: KKII Other Size \_\_\_\_\_Size: PCL 300Control Head: NMCH3Location of System: WALL LEFT OF HOOD 6 NOZZL

1 Hazard unchanged since last inspection

2 System interlocked with building fire alarm

3 All hazards properly covered with correct nozzles

4 Hood / duct penetrations properly sealed

5 Grease accumulation: Excessive Heavy ☒ Normal

6 Pressure gauge within acceptable range

7 Cartridge weight within acceptable range WT. \_\_\_\_\_

8 Cylinder Hydrotest due: 2030 6-yr maint due: \_\_\_\_\_

9 Cylinder properly mounted

10 Detection line proper and operable

11 Replaced fusible links - Mfg Date 2019 used 20

12 Quantity Fusible Links / Thermal Detectors Installed

2360

°

Hazard Protected (left to right):

**CONV OVEN, CONV OVEN, KETTLE, 6 BURNER W/ SHELF**

13 Manual release proper and operable

14 Microswitches installed QTY: 2 Tied-in QTY: 215 Gas valve connected to system MECH

16 Piping / conduit securely bracketed

17 Piping obstruction test performed

18 Proper nozzle caps/covers in place QTY: 7

19 Exhaust fan in operating condition

20 System operational and armed

21 Fan warning sign on hood

22 K-Class fire extinguisher in cooking area

23 Portable ABC fire extinguisher in kitchen area

24 Personnel instructed on manual operation of system

25 Filters compliant with NFPA96

26 System meets U.L. 300 / 1254 standards

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: \_\_\_\_\_

Allstate Fire Equipment Agent: Kalil ThomasDate: 2/18/2020

Customer's Authorized Agent: \_\_\_\_\_

Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 7:28 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: Newfield Elementary School  
 Address: 345 Pepper Ridge  
 City: STAMFORD State: CT Zip: 06905  
 Owner / Manager \_\_\_\_\_  
 Phone: 203-250-1115  
 Email: ap@fireprotectiontesting.com

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 6 GAL  
 Control Head: AUTOMAN  
 Location of System: LEFT END CAB

Yes No N/A

- 1 Hazard unchanged since last inspection ☒ ☐ ☐  
 2 System interlocked with building fire alarm ☒ ☐ ☐  
 3 All hazards properly covered with correct nozzles ☒ ☐ ☐  
 4 Hood / duct penetrations properly sealed ☒ ☐ ☐  
 5 Grease accumulation: Excessive Heavy ☒ Normal ☐  
 6 Pressure gauge within acceptable range ☐ ☐ ☒  
 7 Cartridge weight within acceptable range WT. \_\_\_\_\_  
 8 Cylinder Hydrotest due: 2025 X 2 6-yr maint due: \_\_\_\_\_  
 9 Cylinder properly mounted ☒ ☐ ☐  
 10 Detection line proper and operable ☒ ☐ ☐  
 11 Replaced fusible links - Mfg Date 019 used in 20 ☒ ☐ ☐  
 12 Quantity Fusible Links / Thermal Detectors Installed 4 360 °

Yes No N/A

- 13 Manual release proper and operable ☒ ☐ ☐  
 14 Microswitches installed QTY: 4 Tied-in QTY: 4  
 15 Gas valve connected to system MECH ☒ ☐ ☐  
 16 Piping / conduit securely bracketed ☒ ☐ ☐  
 17 Piping obstruction test performed ☒ ☐ ☐  
 18 Proper nozzle caps/covers in place QTY: 11 ☒ ☐ ☐  
 19 Exhaust fan in operating condition ☒ ☐ ☐  
 20 System operational and armed ☒ ☐ ☐  
 21 Fan warning sign on hood ☒ ☐ ☐  
 22 K-Class fire extinguisher in cooking area ☒ ☐ ☐  
 23 Portable ABC fire extinguisher in kitchen area ☒ ☐ ☐  
 24 Personnel instructed on manual operation of system ☒ ☐ ☐  
 25 Filters compliant with NFPA96 ☒ ☐ ☐  
 26 System meets U.L. 300 / 1254 standards ☒ ☐ ☐

Hazard Protected (left to right):

10 BURNER RANGE W/ SHELF, TILT SKILLET, 2X DBL CONV OVEN

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Allstate Fire Equipment Agent: Kalil Thomas

Date: 2/18/2020

Customer's Authorized Agent: \_\_\_\_\_

Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 7:35 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: KT MURPHY SCHOOL  
 Address: 19 HORTON STREET  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-4516  
 Email: \_\_\_\_\_

## System Information:

Make: PYROCHEM  
 Model: KKII Other Size \_\_\_\_\_  
 Size: PCL 460  
 Control Head: NMCH3  
 Location of System: Wall across hood

Yes No N/A

- 1 Hazard unchanged since last inspection ☒ ☐ ☐  
 2 System interlocked with building fire alarm ☒ ☐ ☐  
 3 All hazards properly covered with correct nozzles ☒ ☐ ☐  
 4 Hood / duct penetrations properly sealed ☒ ☐ ☐  
 5 Grease accumulation: Excessive Heavy ☒ Normal  
 6 Pressure gauge within acceptable range ☒ ☐ ☐  
 7 Cartridge weight within acceptable range WT. \_\_\_\_\_ ☒  
 8 Cylinder Hydrotest due: 2030 6-yr maint due: \_\_\_\_\_  
 9 Cylinder properly mounted ☒ ☐ ☐  
 10 Detection line proper and operable ☒ ☐ ☐  
 11 Replaced fusible links - Mfg Date 2020 ☒ ☐ ☐  
 12 Quantity Fusible Links / Thermal Detectors Installed \_\_\_\_\_

\_\_\_\_ 212° \_\_\_\_ 280° 3 360° \_\_\_\_ 450° \_\_\_\_ 500° \_\_\_\_ other ( \_\_\_\_ °)

Hazard Protected (left to right):

Flat Top Range, Flat Top Range, Flat Top Range, Steamer, Convection Oven, Convection Oven.

Yes No N/A

- 13 Manual release proper and operable ☒ ☐ ☐  
 14 Microswitches installed QTY: 2 Tied-in QTY: 2  
 15 Gas valve connected to system MECH ☒ ☐ ☐  
 16 Piping / conduit securely bracketed ☒ ☐ ☐  
 17 Piping obstruction test performed ☒ ☐ ☐  
 18 Proper nozzle caps/covers in place QTY: 12 ☒ ☐ ☐  
 19 Exhaust fan in operating condition ☒ ☐ ☐  
 20 System operational and armed ☒ ☐ ☐  
 21 Fan warning sign on hood ☒ ☐ ☐  
 22 K-Class fire extinguisher in cooking area ☒ ☐ ☐  
 23 Portable ABC fire extinguisher in kitchen area ☒ ☐ ☐  
 24 Personnel instructed on manual operation of system ☒ ☐ ☐  
 25 Filters compliant with NFPA96 ☒ ☐ ☐  
 26 System meets U.L. 300 / 1254 standards ☒ ☐ ☐

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: \_\_\_\_\_

Allstate Fire Equipment Agent: Miguel LorenzoDate: 2/18/2020Customer's Authorized Agent: Anthony RichichiDate: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 1:20 PMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: Dolan Middle School  
 Address: 51 Toms Road  
 City: STAMFORD State: CT Zip: 06906  
 Owner / Manager \_\_\_\_\_  
 Phone: 203-250-1115  
 Email: ap@fireprotectiontesting.com

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 3 GAL  
 Control Head: AUTOMAN  
 Location of System: Left wall

Yes No N/A

1 Hazard unchanged since last inspection			X
2 System interlocked with building fire alarm	X		
3 All hazards properly covered with correct nozzles		X	
4 Hood / duct penetrations properly sealed	X		
5 Grease accumulation: Excessive Heavy X Normal			
6 Pressure gauge within acceptable range			X
7 Cartridge weight within acceptable range WT. _____	X		
8 Cylinder Hydrotest due: <u>2020</u> 6-yr maint due: _____			
9 Cylinder properly mounted	X		
10 Detection line proper and operable	X		
11 Replaced fusible links - Mfg Date <u>2020</u>	X		
12 Quantity Fusible Links / Thermal Detectors Installed			

\_\_\_\_\_ 212° \_\_\_\_\_ 280° 3 360° \_\_\_\_\_ 450° \_\_\_\_\_ 500° \_\_\_\_\_ other ( \_\_\_\_\_ °)

Hazard Protected (left to right):

DBL Convection Oven, 6 Burner Range, kettle

Yes No N/A

13 Manual release proper and operable	X		
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>3</u>			
15 Gas valve connected to system <u>ELEC</u>	X		
16 Piping / conduit securely bracketed	X		
17 Piping obstruction test performed	X		
18 Proper nozzle caps/covers in place QTY: <u>7</u>	X		
19 Exhaust fan in operating condition	X		
20 System operational and armed	X		
21 Fan warning sign on hood	X		
22 K-Class fire extinguisher in cooking area	X		
23 Portable ABC fire extinguisher in kitchen area		X	
24 Personnel instructed on manual operation of system	X		
25 Filters compliant with NFPA96	X		
26 System meets U.L. 300 / 1254 standards	X		

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant



Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System tank is due for a Hydro Test. Range not properly protected, app line needs a realignment.

Allstate Fire Equipment Agent: Miguel Lorenzo m l Date: 2/18/2020Customer's Authorized Agent: Edgar Roman Edgar Roman Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_

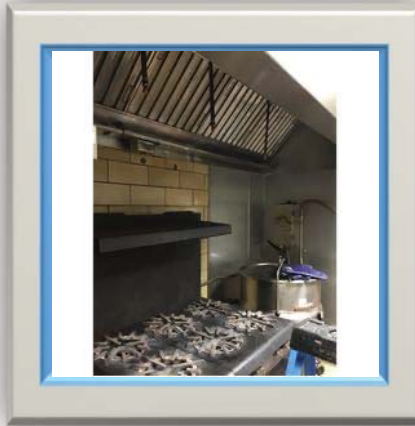




System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 9:48 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: CLOONAN MIDDLE SCHOOL  
 Address: 11 WEST NORTH  
 City: STAMFORD State: CT Zip: 06902  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 997-4544  
 Email: \_\_\_\_\_

## System Information:

Make: PYRO CHEM  
 Model: KKII Other Size \_\_\_\_\_  
 Size: PCL 460  
 Control Head: \_\_\_\_\_  
 Location of System: RT OF HOOD 10 NOZZLES 08/28/18:

Yes No N/A

- 1 Hazard unchanged since last inspection ☒ ☐ ☐  
 2 System interlocked with building fire alarm ☒ ☐ ☐  
 3 All hazards properly covered with correct nozzles ☒ ☐ ☐  
 4 Hood / duct penetrations properly sealed ☒ ☐ ☐  
 5 Grease accumulation: Excessive Heavy ☒ Normal ☐  
 6 Pressure gauge within acceptable range ☒ ☐ ☐  
 7 Cartridge weight within acceptable range WT. \_\_\_\_\_ ☒  
 8 Cylinder Hydrotest due: 2030 6-yr maint due: \_\_\_\_\_  
 9 Cylinder properly mounted ☒ ☐ ☐  
 10 Detection line proper and operable ☒ ☐ ☐  
 11 Replaced fusible links - Mfg Date 2020 ☒ ☐ ☐  
 12 Quantity Fusible Links / Thermal Detectors Installed 4 360 °

Yes No N/A

- 13 Manual release proper and operable ☒ ☐ ☐  
 14 Microswitches installed QTY: 2 Tied-in QTY: 2  
 15 Gas valve connected to system MECH ☒ ☐ ☐  
 16 Piping / conduit securely bracketed ☒ ☐ ☐  
 17 Piping obstruction test performed ☒ ☐ ☐  
 18 Proper nozzle caps/covers in place QTY: 9 ☒ ☐ ☐  
 19 Exhaust fan in operating condition ☒ ☐ ☐  
 20 System operational and armed ☒ ☐ ☐  
 21 Fan warning sign on hood ☒ ☐ ☐  
 22 K-Class fire extinguisher in cooking area ☒ ☐ ☐  
 23 Portable ABC fire extinguisher in kitchen area ☒ ☒ ☐  
 24 Personnel instructed on manual operation of system ☒ ☐ ☐  
 25 Filters compliant with NFPA96 ☒ ☐ ☐  
 26 System meets U.L. 300 / 1254 standards ☒ ☐ ☐

Hazard Protected (left to right):

Convection Oven , TILT KETTLE, DBL STEAMER, DBL CONV OVEN, DBL CONV OVEN, DBL Convection Oven

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant



Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Pull station needs to be lowered between 40" - 48" to meet code.

Allstate Fire Equipment Agent: Miguel LorenzoDate: 2/18/2020Customer's Authorized Agent: AIDate: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



## Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 7:41 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐

## Customer / Location

Name: A.I.T.E.  
 Address: 411 HIGH RIDGE ROAD  
 City: STAMFORD State: CT Zip: 06905  
 Owner / Manager \_\_\_\_\_  
 Phone: (203) 977-4336  
 Email: gyoranidis@stamforfct.gov

## System Information:

Make: ANSUL  
 Model: R102 Other Size \_\_\_\_\_  
 Size: 6 GALLON  
 Control Head: AUTOMAN  
 Location of System: Wall across from hood

Yes No N/A

1 Hazard unchanged since last inspection ☒ ☐ ☐  
 2 System interlocked with building fire alarm ☒ ☐ ☐  
 3 All hazards properly covered with correct nozzles ☒ ☐ ☐  
 4 Hood / duct penetrations properly sealed ☒ ☐ ☐  
 5 Grease accumulation: Excessive Heavy ☒ Normal ☐  
 6 Pressure gauge within acceptable range ☐ ☐ ☒  
 7 Cartridge weight within acceptable range WT. 109 ☒ ☐ ☐  
 8 Cylinder Hydrotest due: 2019 6-yr maint due: ☒ ☐ ☐  
 9 Cylinder properly mounted ☒ ☐ ☐  
 10 Detection line proper and operable ☒ ☐ ☐  
 11 Replaced fusible links - Mfg Date 2020 ☒ ☐ ☐  
 12 Quantity Fusible Links / Thermal Detectors Installed ☒ ☐ ☐  
 \_\_\_\_\_ 212° \_\_\_\_\_ 280° 5 360° \_\_\_\_\_ 450° \_\_\_\_\_ 500° \_\_\_\_\_ other ( \_\_\_\_\_ °)

Hazard Protected (left to right):

Dbl conv o, tilt skillet, dbl steamer, fryer x2/dump, OS 4-burner.

Yes No N/A

13 Manual release proper and operable ☒ ☐ ☐  
 14 Microswitches installed QTY: 4 Tied-in QTY: 4  
 15 Gas valve connected to system ELEC ☒ ☐ ☐  
 16 Piping / conduit securely bracketed ☒ ☐ ☐  
 17 Piping obstruction test performed ☒ ☐ ☐  
 18 Proper nozzle caps/covers in place QTY: 10 ☒ ☐ ☐  
 19 Exhaust fan in operating condition ☒ ☐ ☐  
 20 System operational and armed ☒ ☐ ☐  
 21 Fan warning sign on hood ☒ ☐ ☐  
 22 K-Class fire extinguisher in cooking area ☒ ☐ ☐  
 23 Portable ABC fire extinguisher in kitchen area ☒ ☒ ☐  
 24 Personnel instructed on manual operation of system ☒ ☐ ☐  
 25 Filters compliant with NFPA96 ☒ ☐ ☐  
 26 System meets U.L. 300 / 1254 standards ☒ ☐ ☐

**Safety Notice:** Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

☒ Non-Compliant☒ Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Piping obstruction test passed, broken/unsupported pull station conduit was repaired @ the time of inspection. System is over due for hydro test.

Allstate Fire Equipment Agent: Eric Boughton Date: 2/18/2020Customer's Authorized Agent: Richard L Brown Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

FAIL

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



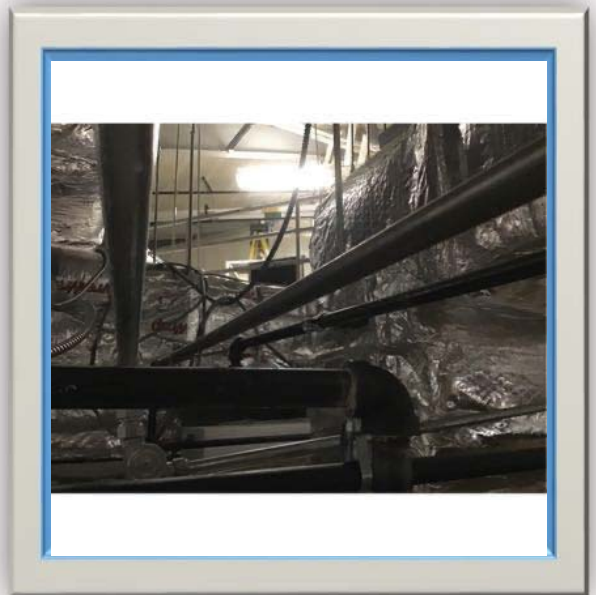
Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

**ALLSTATE FIRE EQUIPMENT****New England's Leader in Fire Protection**Office (860) 793-6900  
Fax (860) 793-690670 Robert Jackson Way  
Plainville, CT 06062Pre-Engineered System Inspection ReportDate of Service: 2/18/2020 Time: 9:44 AMAnnual / Semi-Annual / Recharge / Installation / Renovation / FM Test  
☐ ☒ ☐ ☐ ☐ ☐Customer / LocationName: TURN OF RIVER MIDDLE SCHOOLAddress: 117 VINE ROADCity: STAMFORD State: CT Zip: 06905

Owner / Manager \_\_\_\_\_

Phone: (203) 977-4284

Email: \_\_\_\_\_

System Information:Make: ANSULModel: R102 Other Size \_\_\_\_\_Size: 3 GALControl Head: automanLocation of System: ACROSS FROM BACKSIDE OF

1 Hazard unchanged since last inspection

2 System interlocked with building fire alarm

3 All hazards properly covered with correct nozzles

4 Hood / duct penetrations properly sealed

5 Grease accumulation: Excessive Heavy ☒ Normal

6 Pressure gauge within acceptable range

7 Cartridge weight within acceptable range WT. \_\_\_\_\_

8 Cylinder Hydrotest due: 2025

6-yr maint due: \_\_\_\_\_

9 Cylinder properly mounted

10 Detection line proper and operable

11 Replaced fusible links - Mfg Date 2019 used in

12 Quantity Fusible Links / Thermal Detectors Installed

Yes No N/A

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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2360

°

13 Manual release proper and operable

14 Microswitches installed QTY: 3 Tied-in QTY: 315 Gas valve connected to system MECH

16 Piping / conduit securely bracketed

17 Piping obstruction test performed

18 Proper nozzle caps/covers in place QTY: 6

19 Exhaust fan in operating condition

20 System operational and armed

21 Fan warning sign on hood

22 K-Class fire extinguisher in cooking area

23 Portable ABC fire extinguisher in kitchen area

24 Personnel instructed on manual operation of system

25 Filters compliant with NFPA96

26 System meets U.L. 300 / 1254 standards

Yes No N/A

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

FRONT SIDE- KETTLE, DBL STEAM, HOT TOP W. SHFL

BACK SIDE - 2 DBL PIZZA OVENS

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Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: \_\_\_\_\_

Allstate Fire Equipment Agent: Kalil Thomas*Kalil*Date: 2/18/2020

Customer's Authorized Agent: \_\_\_\_\_

Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: \_\_\_\_\_

Testing Date: \_\_\_\_\_

AHJ Signature: \_\_\_\_\_

Jurisdiction: \_\_\_\_\_





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020