



Town of Stony Point

74 EAST MAIN STREET
STONY POINT, NEW YORK 10980

TEL: (845) 786-2716
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SPRINKLER SYSTEM REPORT OF INSPECTION

LOCATION: _____ INSPECTION COMPANY: _____
 STREET: _____ INSPECTOR SIGNATURE: _____
 CITY: _____ STATE: _____ DATE: _____

1. GENERAL

	YES	N.A. #	NO*
A) Is the building occupied according to information furnished by owner or owner's representative? _____			
B) Is occupancy same as previous inspection according to information furnished by owner's representative? _____			
C) Are all systems in service? _____			
D) Are all fire protection systems same as last inspection according to information furnished by owner or owner's representative? _____			
E) Is building completely sprinkled? _____			
F) Are all new additions & building changes properly protected according to information furnished by owner or owner's representative? _____			
G) Is all stock or storage properly below sprinkler piping? _____			
H) Was property free of fires since last inspection According to information furnished by owner or owner's representative? (Explain any fire on separate sheet) _____			
I) In area protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas & are all or exterior openings protected against entrance of cold air? _____			

2. CONTROL VALUES (See Section 16)

A) Are all sprinkler system main control valves open? _____			
B) Are all other valves in proper position? _____			
C) Are all control valves in good condition & sealed or supervised? _____			

3. WATER SUPPLIES (See Section 17)

A) Was a water flow test made & results satisfactory? _____			
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		YES	N.A. #	NO*
4.	WET SYSTEMS (SEE SECTION 13)			
A)	Are cold-weather valves open or closed as necessary? _____			
B)	Have anti-freeze systems been tested & left in satisfactory condition? _____			
C)	Are alarm valves, water-flow indicators & retards in satisfactory condition? _____			
5.	DRY SYSTEMS (See Section 14)			
A)	Is dry valve in service & in good condition? _____			
B)	Is air pressure & priming water level normal? _____			
C)	Is air compressor in good condition? _____			
D)	Were low points drained during fall & winter inspection? _____			
E)	Are quick-opening devices in service? _____			
F)	Have dry valve been trip tested satisfactorily as required? (Required every three ears) _____			
G)	Are dry valves adequately protected from freezing? _____			
H)	Are valve house & heater condition satisfactory? _____			
6.	TANK, PUMPS, FIRE DEPT., CONNECTIONS			
A)	Are fire pumps, gravity tanks, reservoirs & pressure Tanks in good condition & properly maintained? _____			
B)	Are fire dept. connections in satisfactory condition, couplings free, caps in place & check valves tight? _____			
7.	SPECIAL SYSTEMS (See Section 18)			
A)	Were valves tested as required? _____			
B)	Were all heat responsive systems tested & results satisfactory? _____			
C)	Were supervisory features tested & results Satisfactory? _____			
8.	ALARMS			
A)	Are water motor & gong test satisfactory? _____			
B)	Is electric alarm test satisfactory? _____			
C)	Is supervisory alarm service test satisfactory? _____			
9.	SPRINKLER PIPING			
A)	Are all sprinklers in good condition, not obstructed, & free of corrosion or loading? _____			
B)	Are all sprinklers less than 50 years old? _____			
C)	Are extra sprinklers readily available? _____			
D)	Is condition of piping, drain valves, check Valves, hangers, pressure gages, open sprinklers, Strainers satisfactory? _____			

E)	Have Sprinklers been checked for proper temperature Rating? _____			
F)	Are portable fire extinguishers in good condition? _____			
G)	Is had hose on sprinkler systems satisfactory? _____			
10.	Date Dry-system Piping last checked for stoppage _____			
11.	Date Dry-System last checked for proper pitch _____			
12.	Date Dry-pip Valve last trip tested _____			
13.	Wet Systems: MAKE & MODEL? _____			
14.	Dry Systems: MAKE & MODEL? _____			
15.	Special Systems: MAKE & MODEL _____	TYPE _____	CONDITION? _____	

16.	CONTROL VALVES	TYPE	OPEN YES/NO	SECURED YES/NO	SIGN YES/NO	CONDITION
	City Connection Control Valves					
	Tank Control Valves					
	Pump Control Valves					
	Sectional Control Valves					
	System Control Valves					

17. WATER-FLOW TEST AT SPRINKLER RISER

	WATER SUPPLY SOURCE	CITY	TANK	PUMP
DATE	TEST PIPE LOCATION	SIZE TEST PIPE	STATIC PRESSURE	RESIDUAL (FLOW) PRESSURE
LAST WATER FLOW TEST				
THIS WATER FLOW TEST				

18.	HEAT REPOSIVE DEVICES:	TYPE?		
	Valve No.	A B C D E F	Valve No.	A B C D E F
	Valve No.	A B C D E F	Valve No.	A B C D E F
	Valve No.	A B C D E F	Valve No.	A B C D E F
	Valve No.	A B C D E F	Valve No.	A B C D E F

AUXILIARY EQUIPMENT: NO?

- 19. EXPLANATION OF ANY "NO" ANSWERS
- 20. RECENT CHANGES IN BUIDING OCCUPANCY OR FIRE PROTECTION EQUIPMENT.
- 21. ADJUSTMENTS OR CORRECTIONS MADE.
- 22. DESIRABLE IMPROVEMENTS.