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Building Sprinkler Systems Tests

Date of Service:		Last Service Date:	
Daily ☐	Weekly ☐	Monthly ☐	Quarterly ☐
Semiannual ☐	Annual ☐	Third Year ☐	Fifth Year ☐

Building Name:	Contact Person:	Phone:	
		Fax:	
Address:	Owner/Strata Number:	Phone:	
		Fax:	
City: / Postal Code:	Central Station:	Phone:	
		Fax:	

Summary of Tests in accordance with the BC Fire Code and referenced documents.

System	#1	#2	#3	#4	#5
Wet					
Dry pipe partial test					
Dry pipe full flow test					
Deluge					
Pre-action					
Other					
Area of coverage					
Size (gallons)					
Manufacturer					
System Water Pressure					
Supply Water Pressure					
System Air Pressure					
Trip Pressure					
Trip Time					
System	**#6**	**#7**	**#8**	**#9**	**#10**
Wet					
Dry pipe partial test					
Dry pipe full flow test					
Deluge					
Pre-action					
Other					
Area of coverage					
Size (gallons)					
Manufacturer					
System Water Pressure					
Supply Water Pressure					
System Air Pressure					
Trip Pressure					
Trip Time					

Yes	No	Visual Pre-Inspection Check
☐	☐	Hydraulic Calculation Label in place? Date on Label: ____ Date of last compressor service: ____
		Designer: ____ Engineer: ____
☐	☐	Corrosion evident? Sprinkler Heads ☐ Joints ☐ Hangers ☐ Supply/Riser/Distribution Piping ☐ Valves ☐
		Corrosion is: Minor ☐ Moderate ☐ Severe ☐ Condition of heat tracing/insulation: Good ☐ Fair ☐ Poor ☐ NA ☐
☐	☐	Replacement of affected components is indicated. ("Yes" answer detailed in remarks section)
☐	☐	Remarks concerning the system have been made? (Please refer to the Comments/Remarks section of this report.)

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". This document has been provided to the building owner's representative who has acknowledged receipt of same below. A copy should be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

Company Name			
Technician	**Certification Number**	**Date**	**Owner or Authorized Agent**

Building Unit Emergency Systems Testing

Date:			
Building Name:		**Address:**	

Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.

System Number: _____

"✓" = Yes - Tested correctly "X" = No - Did not test correctly (NO answers are detailed in "Comments/Remarks") "NA" = Not applicable

Sprinkler System Inspection

Daily / weekly if low temperature alarms are installed.

_____ (a) Enclosures - dry-pipe or deluge valves maintaining 40F/4C?

_____ (b) Heat trace controllers power "on" and/or trouble status

Weekly

_____ Relief port on reduced pressure backflow prevention assemblies are free from discharge?

Weekly items which can be performed monthly if supervised or locked.

_____ Gauges on dry, pre-action and deluge systems in good condition?

_____ Inspect air pressure and water pressure?

Control valves and isolation valves on backflow prevention devices:

_____ (a) in correct (open or closed) position?

_____ (b) Sealed, locked or supervised and accessible?

Quarterly Inspection items.

_____ Pre-action and deluge valves inspected externally & free from damage?

_____ Trim valves in open or closed position & no leakage at valve seat?

_____ Electrical components in service?

_____ Gauges wet pipe in good condition and normal water pressure is being maintained?

_____ Dry pipe valve/quick opening devices shall be inspected externally.

_____ Backflow prevention assemblies shall be inspected (locked or properly supervised by an acceptable electrical means).

_____ Control valves shall be inspected.

_____ Alarm valves shall be inspected externally.

_____ **Heat Tracing** - check pipe insulation for cuts or abrasions.

_____ Check Controller Power "on".

_____ Check exposed cable/connectors for chaffing, cuts, or abrasions.

_____ Oil level in normal range on air compressor?

_____ Condition of oil in sight glass? Clean ☐ Cloudy ☐ Dirty ☐

_____ Filter checked? Replacement required? Yes ☐ No ☐ NA ☐

_____ Belt checked for proper tension? Condition? Good ☐ Worn ☐

_____ Inspect electrically supervised valves?

_____ Alarm devices inspected to verify they are free from physical damage?

_____ Hydraulic name plate is properly affixed to the sprinkler riser?

_____ Pressure regulating control valves shall be inspected.

_____ Sprinkler pressure regulating & control valves shall be inspected.

_____ Fire department connection?

Annual inspection items.

_____ Buildings - prior to freezing weather?

_____ Hangers and seismic braces inspected from floor level?

_____ Pipe and fittings shall be inspected from floor level?

_____ Sprinklers shall be inspected from floor level?

_____ Spare sprinklers shall be inspected?

_____ Interior of dry pipe valve shall be inspected at time of trip test?

_____ Pre-action/deluge valves shall be inspected internally?

_____ Interior of dry-pipe , pre-action, deluge valves internal inspection?

_____ **Heat Tracing** - Check all connections tight, clamped & undamaged.

_____ Check heat trace controller for trouble and ground fault response.

_____ Check heat trace controller interconnection to fire alarm system.

Fifth year inspection items.

_____ Alarm valves & strainers, filters and restriction orifices passed internal inspection?

_____ Pre-action/deluge valve and their associated strainers, filters and restriction orifices pass internal inspection?

_____ Dry pipe valves/quick opening devices internally inspect strainers, filters & orifices?

_____ Check Valves internally inspected and all parts operate properly, move freely and are in good condition?

_____ Interior of dry-pipe , pre-action, deluge valves internal inspection?

Sprinkler System Testing

Quarterly Tests

_____ Main drain test (Reference NFPA 25 Section 12.2.6.1)

_____ Water flow alarms passed tests?

_____ Control valves opened until spring or torsion is felt in the rod?

_____ Valve supervisory switches indicate movement?

_____ Low air pressure alarms tested in as per mfg.s requirements?

_____ Pre-action/deluge valves (supervised) priming water tested?

_____ Alarm device, test on dry pipe, pre-action or deluge system using bypass?

_____ Inspectors test connection opened? (wet pipe when not freezing)

_____ Bypass connection opened? (wet pipe, dry pipe, pre-action and deluge systems when not freezing)

_____ Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions?

_____ Quick opening devices passed test?

Annual Testing

_____ Are all sprinklers in service dated 1920 or later?

_____ Fast Response sprinklers in service for less than 20 yrs

_____ If "NO" test sample now and every 10 years?

Record anti-freeze Specific Gravity: _____

_____ All control valves operated thru full range and returned to normal?

_____ Pressure regulating valve shall pass a full flow test.

_____ Backflow prevention assemblies have been tested by an agency acceptable to the local authority? Date: _____

_____ Standard sprinklers less than 50 yrs old. If "no" has a sample been tested within 10yrs, If "no" test sample now and every 10yrs.

_____ Low temperature alarms in dry pipe, pre-action and deluge valve enclosure passed test?

_____ Main Drain test shall be conducted on each system riser?

Record Static pressure: _____ PSIG ☐ KPAG ☐

Residual pressure: _____ PSIG ☐ KPAG ☐

_____ Are results comparable to previous tests?

Building Unit Emergency Systems Testing

Date:			
Building Name:		**Address:**	

Sprinkler System Testing Continued:

Pre-action and deluge valve full flow trip test: (Note: Except where water cannot be discharged, test all systems simultaneously.)

_____ Water discharge from all nozzles unimpeded?

Pressure reading at hydraulically most remote nozzle: _____ PSIG ☐ KPAG ☐

Residual pressure reading at valve: _____ PSIG ☐ KPAG ☐

_____ Was flow observed?

_____ Are above readings comparable to design values?

_____ Manual activation devices passed test?

_____ Automatic air pressure maintenance devices passed test?

Dry pipe valve partial flow trip test:

Initial air pressure:		PSIG ☐	KPAG ☐
Water pressure:		PSIG ☐	KPAG ☐
Trip air pressure:		PSIG ☑	KPAG ☑
Tripping time:		Seconds	

_____ Are the results comparable to previous test?

_____ Post indicator valves opened until spring or torsion is felt in rod.

_____ Auto air maintenance devices on dry pipe & pre-action passed test?

_____ All sprinkler pressure regulating control valves passed full flow test?

Dry-pipe full flow trip test (to be done every 3rd year):

_____ Was water delivered to inspectors test connection?

Initial air pressure:		PSIG ☐	KPAG ☐
Water pressure:		PSIG ☐	KPAG ☐
Trip air pressure:		PSIG ☐	KPAG ☐
Tripping time:		Seconds	

_____ Are above results comparable to previous tests?

Tests to be done every fifth year:

_____ Extra High, Very Extra High and Ultra High Temp sprinklers tested?

_____ Gauges checked against calibrated gauge or replaced?

Sprinkler System Maintenance Items

Regular Maintenance Items

_____ If sprinklers have been replaced, were they proper replacements?

_____ Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired?

_____ Dry-pipe systems being maintained in dry condition?

If any of the following were discovered, was an obstruction investigation conducted and the system flushed? Yes ☐ No ☐

_____ 1. Defective intake screen for pumps taking suction from open sources?

_____ 2. Obstructive material discharged during water flow tests?

_____ 3. Foreign materials found in dry-pipe valves, check valves or pumps?

_____ 4. Heavy discoloration of water during drain test or plugging of inspectors test connection?

_____ 5. Plugging of sprinklers found during activation or alteration?

_____ 6. Plugging found in piping dismantled during alterations?

_____ Failure to flush yard piping or surrounding public mains following new installation or repairs?

_____ Record of broken mains in the vicinity?

_____ Abnormally frequent false tripping of dry-pipe valves?

_____ System is returned to service after an extended period of non-service?

_____ There is reason to believe the system contains sodium silicate?

Annual Maintenance Items

_____ Operating stem of all OS&Y valves lubricated, completely closed. and reopened?

_____ Interior of dry-pipe, pre-action and deluge valves cleaned?

_____ Low points drained in dry pipe, pre-action & deluge systems prior to freezing weather?

_____ Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no sign of grease buildup?

Remarks/Comments: