



Inc. Village of Lindenhurst
 Fire Prevention Division
 430 So. Wellwood
 Lindenhurst, NY
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FIRE SPRINKLER SYSTEM CONFIDENCE TEST REPORT

SYSTEM _____ OF _____

Descriptive Location:

ADDRESS					
NAME OF FACILITY					
TYPE OF TEST: MONTHLY <input type="checkbox"/>	SEMI ANNUAL <input type="checkbox"/>	ANNUAL <input type="checkbox"/>	QUARTERLY <input type="checkbox"/>	ACCEPTANCE <input type="checkbox"/>	DATE INSPECTED:

WET SYSTEM

VALVE INFO: MAKE _____ MODEL _____ SN# _____ SIZE _____ DATE _____

	YES	NO	N/A		YES	NO	N/A
FLOW TEST CONDUCTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOW SWITCHES, SUPERVISORY SWITCHES, AND ALARM BELL TESTED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STATIC PRESS: _____ PSI				ALARM BELL OPERATES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLOW PRESS: _____ PSI				SYSTEM INSPECTED AND LUBRICATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PRESSURE REGULATING VALVES TESTED? (5YRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

DRY SYSTEM

PREACTION DELUGE

VALVE INFO: MAKE _____ MODEL _____

	YES	NO	N/A		YES	NO	N/A		YES	NO	N/A
TRIP TEST (DRY TRIP) CONDUCTED? SYSTEM TRIPPED IN: _____ SECONDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOW SWITCHES, SUPERVISORY SWITCHES, AND ALARM BELL TESTED? STATIC PRESS: _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLOW TEST CONDUCTED? FLOW PRESS: _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTERNAL EXAM OF PIPING CONDUCTED IN _____ (REQUIRED EVERY 10 YRS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AIR COMPRESSOR REFILLS SYSTEM IN 30 MINUTES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WERE THE HEAT ACTUATION DEVICES TESTED ON PRE-ACTION & DELUGE SYTEMS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TRIP TEST (FULL) DONE? (REQUIRD EVERY 3 YEARS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIME FOR WATER TO REACH INSPECTOR'S TEST VALVE: _____ SECONDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARM BELL OPERATES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALARM LINE VALVE LEFT IN OPEN POSITION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM INSPECTED AND LUBRICATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM LOW POINTS DRAINED & RESTORED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACCELERATOR (Q.O.D) PRESENT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID Q.O.D. OPERATE PROPERLY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	COMMENTS:			

ALARMS

	YES	NO	N/A		YES	NO	N/A		YES	NO	N/A
CENTRAL STATION MONITORING? COMPANY: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALARM REC'D AT CENTRAL STATION MONITORING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DID WATER MOTOR GONG TEST SATISFACTORILY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DID ELECTRIC FIRE ALARM TEST SATISFACTORILY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VALVE TAMPER MONITORING?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WATER FLOW ALARM?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CONTROL VALVES

	YES	NO	N/A		YES	NO	N/A		YES	NO	N/A
ARE ALL SPRINKLER SYSTEM CONTROL VALVES AND ALL OTHER VALVES IN THE APPROPRIATE OPEN OR CLOSED POSITION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE ALL CONTROL VALVES IN THE OPEN POSITION LOCKED / SEALED / TAMPERED? (CIRCLE ONE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ARE ALL SPRINKLER CONTROL VALVES PROPERLY IDENTIFIED WITH APPROPRIATE SIGNAGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL

	YES	NO	N/A		YES	NO	N/A
HAVE THERE BEEN ANY CHANGES TO THE OCCUPANCY SINCE THE LAST INSPECTION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IS THE SYSTEM HYDRAULICALLY DESIGNED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SYSTEM SPRINKLER HEADS INSPECTED FOR PROPER PLACEMENT AND DAMAGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF HYDRAULICALLY DESIGNED, ARE RISERS PROPERLY MARKED PER NFPA 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
QUICK RESPONSE HEADS LESS THAN 20 YEARS OLD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GAUGES CHECKED FOR CALIBRATION OR REPLACED? (EVERY 5 YEARS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STANDARD RESPONSE HEADS LESS THAN 50 YEARS OLD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE DEPARTMENT CONNECTIONS FREE FROM OBSTRUCTIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DRY TYPE HEADS LESS THAN 10 YEARS OLD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE DEPARTMENT CONNECTION CAPS IN PLACE AND SECURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPARE STOCK OF SPRINKLER HEADS AND WRENCH AVAILABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TEMPERATURE— ARE SPRINKLERS THE PROPER TEMPERATURE RATINGS FOR THEIR LOCATIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IS THE SPRINKLER SYSTEM FREE OF ANY RECALLED HEADS OR DEVICES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM LEFT IN SERVICE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARE ALL SPRINKLERS FREE FROM CORROSION, LOADING OR OBSTRUCTION TO SPRAY DISCHARGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCEPTABLE DRAIN TEST? SIZE OF VALVE: _____ INCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RECORD WATER PRESSURE AT RISER:							
STATIC: _____ PSI		RESIDUAL: _____ PSI		FLOW: _____ GPM			

COMMENTS

PROBLEMS FOUND :	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
CORRECTIONS MADE: YES	<input type="checkbox"/>	NO	<input type="checkbox"/>		

INSPECTOR NAME :	PRINT NAME:	SIGN :
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