



**City of Black Hawk
Fire Department**
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

System Test Report

SPRINKLER

Occupancy Information		
Occupancy Name:	Contact Name:	
Occupancy Address:	Phone:	
	Email:	
Sprinkler Inventory		
# of Wet Systems in the Building:		
# of Wet Systems Tested:		
# of Dry Systems in the Building:		
# of Dry Systems Tested:		
# of Foam Systems in the Building:		
# of Foam Systems Tested:		
Standard Sprinkler Heads Sample Testing Due Date:		
Quick Response Sprinkler Heads Sample Testing Due Date:		
Dry Type Sprinkler Heads Sample Testing Due Date:		
Due Date For Next Gauge Comparison Test:		
Date For Next FDC Obstruction Investigation:		
Date For Next Piping Obstruction Examination:		
Inspection & Testing Agency Information		
Name:	Phone:	
Address:	Emergency Phone:	
	Email:	
Inspector/Tester Information		
Name:	Phone:	State Reg. No.:
Signature:	Date:	

SPRINKLER SYSTEM

Date Tested:

The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the current Fire Code, referenced NFPA 25 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

Pre-Test Checks			
A Temporary Fire Watch Permit (TFWP) is required when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. Avoid unnecessary alarms by putting the Fire Alarm System in test mode. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.			
1. If system is taken offline, Temporary Fire Watch Permit (TFWP) has been submitted and approved.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
2. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3. There is an up-to-date log of any weekly, monthly, and quarterly inspections and testing of the system(s) covered by this report.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Pre-Test Checks			
4. All accessible sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5. The sprinkler coverage is OK. (Note: If the coverage has not been altered after the last acceptance/reacceptance test it is OK.)	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
6. The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
7. The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
8. The dry type sprinkler heads are less than 10 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
9. The proper number and type of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
Heat Activated Devices			
10. Heat actuation devices function on pre-action and deluge systems.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

Flow Tests			
11. The system(s) passed the Main Drain flow test		<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. The Main Drain is the proper size.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Riser:	Static Pressure (PSI):	Flow Pressure (PSI):	Return to Static Pressure (min/sec):
Alarms & Supervisory Devices			
13. Flow from the inspector's test valve activates the system alarms.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Valves			
15. Pressure regulating valves (PRV) are set properly.		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
16. All supply valves are secured or supervised.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. All supply valves have been lubricated (where required)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. The maintenance on the system gauges is up-to-date.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check should be done for multiple floors at static pressure using one calibrated gauge and hydraulic.			
Obstruction Investigation			
19. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14. (eff. 10/21/2012).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with NFPA 25 Chap. 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire Department Connections			
22. The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. All FDCs have protective plugs or covers.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. All caps and plugs have at least 12" clearance for operating wrenches.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. All swivels turn freely.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Sign designating "FDC"		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Recalls			
28. The inspector did not find recalled devices during the visual inspection.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: The technician's inspection is visual and from the floor level in accessible areas.			
Alarm Monitoring			
29. A signal was received at the Central Station monitoring company.		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

Foam Generating Equipment	
30. Control valves, including all automatic and manual actuating devices operate properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
31. All control valves are secured or supervised.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
32. Supervisory switches operate properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
33. The alarm indication device operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
34. Alarm bells operate properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
35. All of the proportioning devices, their accessory equipment, and foam makers have been inspected, tested, and are functioning properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
36. A sample of the foam concentrate was sent to a testing laboratory and passed the analysis.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
37. The above-ground piping is in good condition and drains properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
38. As required by NFPA 11, the underground piping has been spot-checked for deterioration within the last 5 years	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
39. All the strainers have been inspected and cleaned quarterly (by maintenance) and as necessary during confidence testing.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
Dry Sprinkler Systems	
40. The system(s) passed the trip test.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
41. Air compressor(s) refills system in 30 minutes or less.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
42. The system's low points were drained and the system was restored to service.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
System:	System Tripped In (Seconds):
Final Checks	
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
43. The system was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. Temporary Fire Watch Permit Log Sheet submitted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I am authorized to submit this report for the certified technician who has accepted this statement.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature: