



City of Albany
Division of Buildings & Regulatory Compliance
City Hall Room 303
Albany, NY 12207
(518) 434-5165
Fax (518) 434-6015

SPRINKLER SYSTEM CERTIFICATION FORM

*This form must be filled out by a licensed Sprinkler Contractor **only** when the Sprinkler System is in full compliance and returned to the Division of Buildings & Regulatory Compliance. A separate form must be submitted for each Sprinkler System.*

Address: **34 Bowie St Heathville NY 12170**
Contact Person: **James Madison** Contact Phone: _____
Inspector: **Ray Lewis**

This is to certify that the above referenced Sprinkler System located at the above referenced address in the City of Albany, NY, has been inspected and found to be in compliance with the Building Code of New York State and the National Fire Prevention Association (NFPA) No. 25.

I hereby certify that I have read the instructions and examined this form and know the same to be true and correct.

Signature of Inspector

05/01/2016

Date

Acme Fire Protection

Company

Report of Inspection/Test

Annual NFPA 25

05/01/2016

Property

34 Bowie
34 Bowie St
Heathville NY 12170
James Madison
555-555-5555
Print Date: 2016-05-01

Conducted by: Ray Lewis

Acme Fire Protection

12345 Fake St
Troy NY 12180
5185555555
help@acmefiresafety.com

Report of Inspection/Test General Questions

OWNER SECTION

Is the building occupied?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the occupancy classification and hazard of contents remained the same since the last inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all fire protection systems in service?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has the system remained in service without modification since the last inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was the system free of actuations of devices or alarms since the last inspection?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

VALVE AREA

Are the control valves (including backflow preventer isolation valves) supervised with seals in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including backflow preventer isolation valves) supervised with seals locked or is supervision in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including backflow preventer isolation valves) supervised with seals accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including backflow preventer isolation valves) supervised with seals free from leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including backflow preventer isolation valves) supervised with seals have appropriate wrenches?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including backflow preventer isolation valves) supervised with seals properly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including valves on backflow preventers) with locks or electrical supervision in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including valves on backflow preventers) with locks or electrical supervision locked or is supervision in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including valves on backflow preventers) with locks or electrical supervision accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including valves on backflow preventers) with locks or electrical supervision free from any leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the control valves (including valves on backflow preventers) with locks or electrical supervision have the appropriate wrenches?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the control valves (including valves on backflow preventers) with locks or electrical supervision properly identified?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all check valves externally inspected, operating properly, and are in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the gauges on system in good condition and showing normal water supply pressure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the hydraulic name plate (calculated systems) attached securely to the riser and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are Pressure reducing valves in open position and not leaking?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are Pressure reducing valves with downstream pressure per the design?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are Pressure reducing valves in good condition including no handwheels broken?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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Have the mechanical waterflow alarm devices passed tests by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do valve supervisory switches indicate movement?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
The electrical waterflow alarm devices passed test by opening inspector's test connection/bypass connection with alarms actuating and flow observed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have post indicating valves been opened until spring or torsion felt in the rod and then closed back 1/4 turn?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
All control valves operated through full range and returned to normal position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have pressure reducing valves passed partial flow test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the gauges on system in good condition and showing normal water supply pressure?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

BACKFLOW PREVENTERS

Is relief port on RPZ device not discharging?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have backflow devices passed forward flow test?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
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ALARMS

Are alarms and supervisory devices not damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Do low temperature alarms look ok?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the alarm valve free from physical damage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the trim in correct (open or closed) position?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is there no leakage in the retarding chamber or drains?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		

FIRE DEPARTMENT CONNECTION

Is the FDC plainly visible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC easily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the FDC swivels and couplings not damaged?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are the FDC caps and plugs in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are the FDC gaskets in place and in good condition?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC check valve drip free?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the clapper and automatic drain valve in place and properly operating?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the FDC identification sign(s) in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

PIPES

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Is the visible pipe in good condition with no external corrosion?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Does visible pipe have no mechanical damage or leaks?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Does visible pipe have no external loads?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are visible pipe hangers and seismic braces not damaged or loose?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Is the pipe through freezers free if any ice blockage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Has an internal investigation of the pipe (remove a flushing connection and a sprinkler near the end of a branch line) been performed in the last 5 years? (If no conduct investigation)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

SPRINKLER HEADS

Are there the proper number and type of spare sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are visible sprinklers in the proper position: upright, pendent, sidewall?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are visible sprinklers free of corrosion and physical damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there proper clearance below the sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are visible sprinklers free of foreign materials including paint?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is there liquid in all visible glass bulb sprinklers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are there spare sprinklers and a sprinkler wrench?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Is the information sign attached and legible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Are all the sprinklers dated 1920 or later?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Fast response sprinklers 20 or more years old replaced or successfully sample tested within last 10 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Standard response sprinklers 50 or more years old replaced or successfully sample tested within last 10 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Standard response sprinklers 75 or more years old replaced or successfully sample tested within last 5 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Dry-type sprinklers replaced or successfully sample tested within last 10 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Have sprinklers subject to harsh environments been replaced or successfully sample tested in the last 5 years?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

MAINTENANCE

If a sprinkler failed a sample test were all the sprinklers represented by that sample replaced?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	If sprinklers have been replaced, were they proper replacements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Were marine systems normally having fresh water drained and refilled twice if raw water got into the system?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Was heat tape inspected per the manufacturer's instructions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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<p>Perform an obstruction investigation if any of the following were found: defective intake screen on pump supplied from open sources, obstructive material discharged during flow tests, foreign material in dry-type valves, foreign material in water during drain test or plugging of inspector's test connection, plugging of pipe or sprinklers found, failure to flush yard piping or surrounding mains following new installation or repairs, record of broken mains in the vicinity, abnormal frequent false-tripping of dry valves, system has just been returned to service after more than 1 year, there is a reason to think the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe, raw water was pumped into the fire department connection, pinhole leaks</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<p>If conditions were found that required flushing, was flushing of the system conducted?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Have adjusted, repaired, reconditioned, or replaced components had proper tests/inspections performed?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<p>Was a drain test conducted after opening any closed valve?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Operating stem of all OS&Y valves lubricated, completely closed and reopened?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<p>Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no signs of grease buildup?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
<p>Were marine systems normally having fresh water drained and refilled twice if raw water got into the system?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	<p>Was heat tape inspected per the manufacturer's instructions?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

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Report of Inspection/Test for System - WET1

Instructions

An \$85.00 minimum daily vehicle trip charge will be added to all service calls (no additional mileage charges apply). A minimum service charge equal to 4 hours of labor for non-contract customers, and 2 hours for contract customers, at the appropriate rate will apply to all service requests. Regular time is from 7:00AM to 5:00PM Monday thru Friday. Parts will be charged at the standard published rate for non-contract customers and at the discounted rate for contract customers.

MAIN DRAIN FLOW TEST

Record initial static pressure	Not Provided	Record residual pressure	Not Provided
Record static pressure	Not Provided	Seconds to return to initial static	Not Provided
Is flow observed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Are results comparable to previous test	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

Time

How long did inspection take to complete?	10
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Deficiencies - General Questions

None

Deficiencies - General Wet System Questions

None

Deficiencies - Wet1

None

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Inspector Signature

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. Pursuant to National Fire Protection Association Form 25, Chapter 4, the owner is responsible for proper maintenance and care of the sprinkler system. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair, etc., of the component parts is not included as part of the inspection work performed. It is understood that this inspection pertains to the condition of the sprinkler system on the day of the inspection only. This inspection meets or exceeds NFPA 25 requirements and or local AHJ requirements. AHJ requirements supercede all other code requirements. The inspector shall not be liable for future defaults or defects in the sprinkler system which are beyond the inspector's control, including, but not limited to, failure from malicious tampering, accidents, lack of proper inspection, material failure or inadequate heating. The inspector can give no assurance, no will be held liable, with regard to work that may have been previously performed or work performed at a future date by other companies. It is further understood that all information contained herein is provided by the best of the knowledge of the party providing such information.

Inspector Name	Signature	Date Completed
h		2016-05-01