



AUTOMATIC SPRINKLER SYSTEM CONFIDENCE REPORT

Occupancy Number _____
Date of Inspection: _____ **Technician (print)** _____
Sprinkler Company: _____ **Telephone:** _____
Occupancy Name: _____
Address: _____

System # _____ Size _____ Type: Wet/Dry/Preaction / _____ System # _____ Size _____ Type: Wet/Dry/Preaction / _____
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GENERAL INFORMATION

1. Occupancy: Assembly Mercantile Office Storage High Rise (7 + stories)
Use/Storage of Hazardous Materials Stock Piled over 12' High Other _____
2. Describe fire protection modifications since last inspection _____
3. Describe any fires since last inspection _____
4. Date sprinkler system installed _____
5. Previous type of occupancy at that time _____
6. When was the system piping last checked for stoppage, corrosion or foreign material _____

INSPECTOR'S SECTION (all responses reference current inspection)

- | | Yes | No | N/A |
|--|-------|-------|-------|
| 1. General | | | |
| a. Is the system hydraulically designed | _____ | _____ | _____ |
| b. If hydraulically designed, are risers properly marked per NFPA 13 | _____ | _____ | _____ |
| c. If not hydraulically designed indicate the piping schedule
Light _____ Ordinary _____ Extra _____ Special _____ | | | |
| d. Are all areas of building provided with sprinkler protection per NFPA 13 | _____ | _____ | _____ |
| e. Height of building (stories or feet) _____ | | | |
| f. Is the building occupied | _____ | _____ | _____ |
| g. In areas protected by wet system, does building appear to be properly heated
in all areas, including blind attics and perimeter areas where accessible | _____ | _____ | _____ |
| h. Do all exterior openings appear to be protected against freezing | _____ | _____ | _____ |
| i. Does the exterior condition of the sprinkler system appear satisfactory | _____ | _____ | _____ |
| 2. Control Valves | | | |
| a. Are all control valves in the appropriate position and locked, sealed or
equipped with a tamper switch | _____ | _____ | _____ |
| 3. Fire Department Connections | | | |
| a. Are fire department connections in good condition and properly maintained | _____ | _____ | _____ |
| b. Are fire department connection couplings free, caps in place, check valves
tight, and ball drips functional | _____ | _____ | _____ |
| c. Date fire department connection was last back-flushed _____ | | | |

Mail To: Thurston County Fire Marshal's Office
3000 Pacific Ave SE, Suite 100
Olympia WA 98501

FACILITY

- | | Yes | No | N/A |
|---|-------|-------|-------|
| 4. Antifreeze/Warm Weather Systems | | | |
| a. Are all cold weather valves in appropriate open or closed positions | _____ | _____ | _____ |
| b. Have antifreeze solutions been tested | _____ | _____ | _____ |
| c. Were the antifreeze test results satisfactory | _____ | _____ | _____ |
| 5. Alarms | | | |
| a. Did water motor gong/electric bell test satisfactorily | _____ | _____ | _____ |
| b. Did electric alarm test satisfactorily | _____ | _____ | _____ |
| c. Is system monitored | _____ | _____ | _____ |
| by whom _____ | | | |
| Phone _____ Acct # _____ | | | |
| d. Is the monitoring center receiving signals satisfactorily | _____ | _____ | _____ |
| e. Did the water flow alarm test satisfactorily | _____ | _____ | _____ |
| f. Did the valve tamper monitoring test satisfactorily | _____ | _____ | _____ |
| g. Did the dry system low/high-low air pressure sensor test satisfactorily | _____ | _____ | _____ |
| 6. Sprinklers | | | |
| a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge | _____ | _____ | _____ |
| b. Are sprinklers less than 50 years old | _____ | _____ | _____ |
| c. Is a complete stock of spare sprinklers and required wrenches available | _____ | _____ | _____ |
| d. Are sprinkler temperature ratings proper for their location | _____ | _____ | _____ |
| e. Are sprinkler deflectors proper distances from structure and/or storage | _____ | _____ | _____ |
| 7. Dry Systems | | | |
| a. Is the dry valve in service | _____ | _____ | _____ |
| b. Are air pressure and priming water in accordance with mfg.'s instructions | _____ | _____ | _____ |
| c. Has the operation of the air supply been tested and is it in service | _____ | _____ | _____ |
| Automatic _____ Manual _____ | | | |
| d. Were low points drained during inspection | _____ | _____ | _____ |
| e. Did quick opening devices operate satisfactorily | _____ | _____ | _____ |
| f. Did dry valve trip properly during this testing | _____ | _____ | _____ |
| g. Did heating equipment in valve room operate at the time of inspection | _____ | _____ | _____ |
| h. Date piping last checked for proper pitch _____ | | | |
| i. Internal exam of piping conducted in _____ (required every 10 years) | | | |
| j. Date dry pipe valve trip tested, control valve open _____ (required every 3 years) | | | |
| k. Date quick opening device tested _____ (required every year) | | | |

[illegible]

FACILITY _____

8. Main Drain Water Flow Tests Made at Sprinkler Risers

System #	Test Pipe Location	Size Test Pipe	Static Pressure Before (Above Clapper)	Residual (Flow) Pressure	Static Pressure After
	Riser / _____	2" / 1¼" / ¾" / _____			
	Riser / _____	2" / 1¼" / ¾" / _____			
	Riser / _____	2" / 1¼" / ¾" / _____			
	Riser / _____	2" / 1¼" / ¾" / _____			

9. Explain Applicable "No" Answers and Comments

10. Adjustments Or Corrections Made During This Inspection

11. Although These Comments Are Not The Result Of An Engineering Review, The Following Desirable Improvements Are Recommended

System # _____ is:

- ☐ operational
☐ operational with defects
☐ not operational

System # _____ is:

- ☐ operational
☐ operational with defects
☐ not operational

System # _____ is:

- ☐ operational
☐ operational with defects
☐ not operational

System # _____ is:

- ☐ operational
☐ operational with defects
☐ not operational

This is to certify that this automatic sprinkler system has been inspected and tested in accordance with the standard adopted by the Washington State Fire Marshal and NFPA Standards 13 and 25.

Name _____ Title _____ Date _____
(signature of Contractor)

Name _____ Title _____ Date _____
(signature of Owner's Representative)