

Town of East Hampton Fire Marshal's Office
300 Pantigo Place, Suite 111, East Hampton NY 11937

**WATER SPRINKLER SYSTEM INSPECTION
 & MAINTENANCE REPORT**

Occupancy Name _____

Street _____ Hamlet _____

Fire District _____ Phone _____ Date _____

	YES	NO	N/A
1 GENERAL			
a Is the building occupied?.....		***	
b Is the occupancy the same as the previous inspection?.....		***	
c Are all systems in service?.....		***	
d Are all fire protection systems the same as the last inspection?.....			
e Is the building completely sprinklered?.....		***	
f Are all new additions & building changes properly protected?.....			
g Is all stock or storage properly below sprinkler piping?.....			
h In attic areas, does the building appear to be properly heated in all areas, including blind attics, perimeter areas & are all exterior openings protected against entrance of cold air?.....			
2 CONTROL VALVES (See Section 13)			
a Are all sprinkler system main control valves open?.....		***	
b Are all other valves in proper position?.....		***	
c Are all control valves in good condition & sealed or supervised?.....		***	
3 WATER SUPPLIES (See Section 14)			
a Was the water flow test made & results satisfactory?.....		***	
4 TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS			
a Are fire pumps, gravity tanks, reservoirs & pressure tanks in good condition & properly maintained?.....			
b Are fire department connections in satisfactory condition, couplings free, caps in place & painted green & check valves tight?.....			
5 WET SYSTEMS (Installed Yes No If no, delete this section)			
a Are cold weather valves opened or closed as necessary?.....			
b Have anit-freeze systems been tested & left in satisfactory condition?.....			
c Are alarm valves, water flow indicators & retards n satisfactory condition?.....			
6 DRY SYSTEMS (Installed Yes No If no, delete this section)			
a Is dry valve in good condition?.....			
b Is air pressure & priming water level normal?.....			
c Is air compressor in good condition?.....			
d Were low points drained during fall & winder inspections?.....			
e Are Quick Opening Devices in service?.....			
f Has piping been checked for stoppage within the past 10 years?.....			
g Has piping been checked for proper pitch within the past 5 years?.....			
h Have dry valves been trip tested satisfactorily, as required?.....			
I Are dry valves adequately protected from freezing?.....			
j Are valve house & heater condition satisfactory?.....			
7 SPECIAL SYSTEMS (Installed Yes No If yes, type _____, if No, delete)			
a Were valves tested as required?.....			
b Were all heat responsive systems tested & results satisfactory?.....			
c Were supervisory features tested & results satisfactory?.....			

8 ALARMS

- a Water motor & gong tested satisfactory?.....
- b Electric alarm test satisfactory?.....
- c Supervisory alarm service test satisfactory?.....

9 SPRINKLERS - PIPING

- a Are all sprinklers in good condition, not obstructed, & free of corrosion or loading?.....
- b Are all sprinklers less than 50 years old?.....
- c Are extra sprinklers & wrench readily available?.....
- d Is condition of piping, drain valves, check valves, hangars, pressure gauges, open sprinklers, strainers satisfactory?.....
- e Are all sprinklers of proper temperature rating?.....

YES	NO	N/A

10 Date Dry System Piping last checked for stoppage _____

11 Date Dry System Piping last checked for proper pitch _____

12 Date Dry Pope Valve last trip tested _____

13 CONTROL VALVES No? Type (Indicate OS & Y, PIV Etc.)	Open		Secured		Closed		Signs		Conditions
	Yes	No	Yes	No	Yes	No	Yes	No	
City Connection valves.....									
Tank Control Valves.....									
Sectional Control Valves.....									
System Control Valves.....									

14 WATER FLOW TEST

Water Pressure City PSI Tank PSI Fire Pump PSI
 Water Flow Test? (If none made, why?) _____

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After

- 15 Are electrically operated bells installed within the protected premises? Yes No
- If so, were these bells inspected for operation? Yes No
- Were batteries for same inspected/replaced as needed? Yes No

- 16 Recent changes in building occupancy or fire protection equipment _____
- 17 Adjustments or corrections made _____
- 18 Were all noted deficiencies corrected? _____ If 'no', why not? _____
- 19 Describe improvements _____

Inspector _____ Company _____
 Company Address _____ Company Phone _____

I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

 Signature of Inspector