



2707 70th Avenue East
Tacoma, WA 98424
Phone 253.926.2290
Fax 253.922.6150

DRY – AUTOMATIC SPRINKLERS (One System per Report)		CTF 8001	System Certification Given			
CONFIDENCE TEST <input checked="" type="checkbox"/>	REPAIRS <input type="checkbox"/>	<input checked="" type="checkbox"/>	RED <input type="checkbox"/>	<input type="checkbox"/>	YELLOW <input type="checkbox"/>	GREEN <input checked="" type="checkbox"/>
Frequency	5 Year: <input type="checkbox"/>	Annual: <input checked="" type="checkbox"/>	Semi-Annual: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>		
Date of Inspection: 11/20/17						
<i>Occupancy Information</i>						
Occupancy Name: Hulen Residence			Occupancy Address: 7376 SE 71st St, Mercer Island, WA			
Building Owner:		Phone Number:		Owner Address:		
Contact Person: Josh Knopp			Phone Number: 206-335-8227			
<i>System Information (where applicable)</i>						
Central Station Monitoring Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Monitoring Company Name:			
Control Panel Manufacturer:			Model Number:			
Pre-Action System: <input checked="" type="checkbox"/>			Deluge System: <input type="checkbox"/>			
Location of Riser: Cabinet 1st Floor		Max Height 10'	# of Heads 10	System # 1	TFD System #	
<i>Testing Agency Information</i>						
City of Tacoma Fire Protection License: 500004609		Washington State Contractor License: PATRIFP099CF			NICET Number:	
		Washington State Inspectors License:				
Testing Agency Name: Patriot Fire Protection Inc.			Address: 2707 70th Ave East, Tacoma WA 98424			
Phone: (253) 926-2290			E-mail:			
Problems Found (Explain any "no" responses and use additional paper if needed):						
None						
Corrections Made:						
Date Corrected:			Corrected by: (Print)		(Sign)	
This report certifies this fire and life safety system has been properly inspected for reliability to cover the items listed in the report and is consistent with NFPA 25 Standard. All discrepancies are noted and have been reported to the building owner or responsible person for corrective action.						
TECH NAME: (Print) John F. Allen			(Sign)		Date: 11/20/17	
Building Representative: (Print)			(Sign)		Date:	

The items on 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. Refer to the NFPA 25 Standard Inspection, Testing and Maintenance of Water Based Fire Systems requirements.

SYSTEM FUNCTIONALITY				
Was a full walk through performed?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Is building fully sprinkled?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Is there a calculation plate?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
What is the design density? (gallons per sq ft.) <u>.10 / Entire Area</u>				
If not hydraulically designed indicate pipe schedule:	Light:	<input checked="" type="checkbox"/>	Ordinary:	<input type="checkbox"/>
			Extra:	<input type="checkbox"/>
Main drain flow test conducted?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
Static air pressure _____ psi	Trip air pressure _____ psi			
Static water pressure <u>45</u> psi	Residual water pressure <u>N/A</u> psi	Test pipe size? <u>N/A</u>		
Trip test conducted?	Partial:	<input checked="" type="checkbox"/>	Full:	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
			No	<input checked="" type="checkbox"/>
Date of last full trip test: <u>New 2014</u>	Number of known low point drains: <u>1</u> (Including riser valve)			
Dry Pipe Valve tripped in ____ -- ____ seconds. Water to Inspectors Test in ____ -- ____ seconds.				
Did quick opening device operate satisfactorily?	Time: _____	N/A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			Yes	<input type="checkbox"/>
			No	<input type="checkbox"/>
Air compressor refills system in 30 minutes or less?	Yes			<input checked="" type="checkbox"/>
Dry piping checked for pitch? Notes:	Yes			<input checked="" type="checkbox"/>
Heat actuation devices tested on pre-action and deluge system?	N/A	Yes	<input checked="" type="checkbox"/>	No
Flow switches, supervisory switches and alarm bells test satisfactory?	N/A	Yes	<input checked="" type="checkbox"/>	No
Water motor gong operates properly?	N/A	Yes	<input checked="" type="checkbox"/>	No
System is free of recalled heads and devices?	UNK	Yes	<input checked="" type="checkbox"/>	No
Pressure regulating valves tested satisfactorily?	N/A	<input checked="" type="checkbox"/>	Yes	No
Valves are locked or supervised?	Yes			<input checked="" type="checkbox"/>
Signs are provided on control valves?	Yes			<input checked="" type="checkbox"/>
Sprinkler heads are less than:				
<input type="checkbox"/> 1. 50 years for Standard Response	N/A	<input checked="" type="checkbox"/>	Yes	No
<input type="checkbox"/> 2. 20 years for Fast Response	N/A	<input checked="" type="checkbox"/>	Yes	No
<input type="checkbox"/> 3. 10 years for Dry Type	N/A	Yes	<input checked="" type="checkbox"/>	No
<input type="checkbox"/> 4. 5 years for solder type with extra high temperature rating	N/A	<input checked="" type="checkbox"/>	Yes	No
Dry head sample successfully tested within last 10 years?	UNK	N/A	<input checked="" type="checkbox"/>	Yes
			No	<input type="checkbox"/>
System drained, inspection tag posted on system main valve and restored to normal operation?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
System gauges replaced or calibrated every 5 years? Date: _____	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Fire department connection in satisfactory condition, couplings free, caps in place, check valves tight?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Was the Fire Department Connection (FDC) internal inspection completed? (req every 5 years) Date: <u>New 2014</u>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Was debris found in the Fire Department Connection (FDC)	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
When was an internal pipe inspection performed? (req every 5 years) Date: <u>New 2014</u>	CPVC N/A	Yes	<input checked="" type="checkbox"/>	No
Testing agency has informed owner of legal obligation to perform inspections, testing and maintenance in accordance with NFPA 25.	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>



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WET – AUTOMATIC SPRINKLERS (One System per Report)		CTF 8002	System Certification Given			
CONFIDENCE TEST <input checked="" type="checkbox"/>	REPAIRS <input type="checkbox"/>	<input checked="" type="checkbox"/>	RED <input type="checkbox"/>	<input type="checkbox"/>	YELLOW <input type="checkbox"/>	GREEN <input checked="" type="checkbox"/>
Frequency	5 Year: <input type="checkbox"/>	Annual: <input checked="" type="checkbox"/>	Semi-Annual: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>		
Date of Inspection: 11/20/17						
Occupancy Information						
Occupancy Name: Hulen Residence			Occupancy Address: 7376 SE 71st St, Mercer Island, WA			
Building Owner:		Phone Number:		Owner Address:		
Contact Person: Josh Knopp			Phone Number: 206-335-8227			
System Information (where applicable)						
Central Station Monitoring Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			Monitoring Company Name:			
Control Panel Manufacturer:			Model Number:			
Location of Riser: Garage		Max Height 20'	# of Heads 17	System # 2	TFD System #	
Testing Agency Information						
City of Tacoma Fire Protection License: 50000460		Washington State Contractor License: PATRIFP099CF			NICET NUMBER:	
		Washington State Inspector's License:				
Testing Agency Name: Patriot Fire Protection Inc.			Address: 2707 70th Avenue East, Tacoma WA 98424			
Phone: (253) 926-2290			E-mail:			
Problems Found (Explain any "no" responses and use additional paper if needed):						
None						
Corrections Made:						
Date Corrected: _____ Corrected by: (Print) _____ (Sign) _____						
This report certifies this fire and life safety system has been properly inspected for reliability to cover the items listed in the report and is consistent with NFPA 25 Standard. All discrepancies are noted and have been reported to the building owner or responsible person for corrective action.						
TECH NAME: (Print) John F. Allen			(Sign)		Date: 11/20/17	
Building Representative: (Print)			(Sign)		Date:	

The items on 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. Refer to the NFPA 25 Standard Inspection, Testing and Maintenance of Water Based Fire Protection Systems requirements.

SYSTEM FUNCTIONALITY				
Was a full walk through performed?			Yes <input checked="" type="checkbox"/>	No
Is building fully sprinkled? Notes: <u>Garage and Game Room Only</u>			Yes	No <input checked="" type="checkbox"/>
Is there a calculation plate?			Yes	No <input checked="" type="checkbox"/>
What is the design density? (gallons per sq ft.) <u>.05 / 2 remote heads</u>				
Main drain flow test conducted?			Yes <input checked="" type="checkbox"/>	No
Static pressure: <u>75</u> psi	Residual Pressure: <u>50</u> psi	Test pipe size? <u>1"</u>		
Flow switches, supervisory switches and alarm bells tested satisfactorily		N/A	Yes <input checked="" type="checkbox"/>	No
Water motor gong operates properly?		N/A	Yes <input checked="" type="checkbox"/>	No
System is free of any recalled heads?		UNK	Yes <input checked="" type="checkbox"/>	No
Pressure regulating valves tested satisfactorily?		N/A <input checked="" type="checkbox"/>	Yes	No
Valves are locked or supervised?			Yes	No <input checked="" type="checkbox"/>
Signs are provided on control valves?			Yes	No <input checked="" type="checkbox"/>
<i>Sprinkler heads are less than:</i>				
<input type="checkbox"/> 1. 50 years for Standard Response		N/A <input checked="" type="checkbox"/>	Yes	No
<input type="checkbox"/> 2. 20 years for Fast Response		N/A	Yes <input checked="" type="checkbox"/>	No
<input type="checkbox"/> 3. 10 years for Dry Type		N/A <input checked="" type="checkbox"/>	Yes	No
<input type="checkbox"/> 4. 5 years for solder type with extra high temperature rating		N/A <input checked="" type="checkbox"/>	Yes	No
Dry head sample successfully tested within last 10 years?		UNK	N/A <input checked="" type="checkbox"/>	Yes
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?			Yes	No <input checked="" type="checkbox"/>
Proper number of spare sprinkler heads available?			Yes	No <input checked="" type="checkbox"/>
Sprinkler wrench available for each type of sprinkler?			Yes	No <input checked="" type="checkbox"/>
Minimum of 18" clearance between top of storage and sprinkler deflector?			Yes	No <input checked="" type="checkbox"/>
Did antifreeze systems test satisfactorily?		N/A <input checked="" type="checkbox"/>	Yes	No
Is building adequately heated?			Yes	No <input checked="" type="checkbox"/>
System left in service with an inspection tag posted main valve?			Yes	No <input checked="" type="checkbox"/>
System gauges replaced or calibrated every 5 years? Date: <u>New in 2014</u>			Yes	No <input checked="" type="checkbox"/>
Fire Department Connection in satisfactory condition, couplings free, caps in place, check valves tight?			Yes	No <input checked="" type="checkbox"/>
Was the Fire Department Connection (FDC) internal inspection completed? (every 5 years) Date: <u>New '14</u>			Yes	No <input checked="" type="checkbox"/>
Was debris found in the Fire Department Connection (FDC)?			Yes	No
When was an internal pipe inspection performed? (req every 5 years) Date: <u>New in 2014</u>		CPVC N/A <input checked="" type="checkbox"/>	Yes	No
Testing agency has informed owner of legal obligation to perform inspections, testing and maintenance in accordance with NFPA 25.			Yes	No <input checked="" type="checkbox"/>