



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

<b>DRY – AUTOMATIC SPRINKLERS</b> (One System per Report)		CTF 8001	<b>System Certification Given</b>				
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		RED <input type="checkbox"/>		YELLOW <input type="checkbox"/>		GREEN <input type="checkbox"/>
Frequency	5 Year: <input type="checkbox"/>	Annual: <input type="checkbox"/>	Semi-Annual: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>			
Date of Inspection:							
<i>Occupancy Information</i>							
Occupancy Name:			Occupancy Address:				
Building Owner:		Phone Number:		Owner Address:			
Contact Person:			Phone Number:				
<i>System Information (where applicable)</i>							
Central Station Monitoring Yes <input type="checkbox"/> No <input type="checkbox"/>			Monitoring Company Name:				
Control Panel Manufacturer:			Model Number:				
Pre-Action System: <input type="checkbox"/>			Deluge System: <input type="checkbox"/>				
Location of Riser:		Max Height	# of Heads	System #	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:				
<b>Problems Found (Explain any "no" responses and use additional paper if needed):</b>							
<b>Corrections Made:</b>							
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)		(Sign)			Date:		
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	No	
Is building fully sprinkled?			Yes	No	
Is there a calculation plate?			Yes	No	
What is the design density? (gallons per sq ft.) _____					
If not hydraulically designed indicate pipe schedule:	Light: <input type="checkbox"/>	Ordinary: <input type="checkbox"/>	Extra: <input type="checkbox"/>		
Main drain flow test conducted?			Yes	No	
Static air pressure _____ psi		Trip air pressure _____ psi			
Static water pressure _____ psi	Residual water pressure _____ psi	Test pipe size? _____			
Trip test conducted?	Partial: <input type="checkbox"/>	Full: <input type="checkbox"/>	Yes	No	
Date of last full trip test: _____		Number of known low point drains: _____ (Including riser valve)			
Dry Pipe Valve tripped in _____ seconds.		Water to Inspectors Test in _____ seconds.			
Did quick opening device operate satisfactorily?	Time: _____	N/A	Yes	No	
Air compressor refills system in 30 minutes or less?			Yes	No	
Dry piping checked for pitch?	Notes: _____		Yes	No	
Heat actuation devices tested on pre-action and deluge system?		N/A	Yes	No	
Flow switches, supervisory switches and alarm bells test satisfactory?		N/A	Yes	No	
Water motor gong operates properly?		N/A	Yes	No	
System is free of recalled heads and devices?		UNK	Yes	No	
Pressure regulating valves tested satisfactorily?		N/A	Yes	No	
Valves are locked or supervised?			Yes	No	
Signs are provided on control valves?			Yes	No	
<b>Sprinkler heads are less than:</b>					
<input type="checkbox"/> 1. 50 years for Standard Response		N/A	Yes	No	
<input type="checkbox"/> 2. 20 years for Fast Response		N/A	Yes	No	
<input type="checkbox"/> 3. 10 years for Dry Type		N/A	Yes	No	
<input type="checkbox"/> 4. 5 years for solder type with extra high temperature rating		N/A	Yes	No	
Dry head sample successfully tested within last 10 years?		UNK	N/A	Yes	No
System drained, inspection tag posted on system main valve and restored to normal operation?			Yes	No	
System gauges replaced or calibrated every 5 years? Date: _____			Yes	No	
Fire department connection in satisfactory condition, couplings free, caps in place, check valves tight?			Yes	No	
Was the Fire Department Connection (FDC) internal inspection completed? (req every 5 years) Date: _____			Yes	No	
Was debris found in the Fire Department Connection (FDC)			Yes	No	
When was an internal pipe inspection performed? (req every 5 years) Date: _____		CPVC N/A	Yes	No	
Testing agency has informed owner of legal obligation to perform inspections, testing and maintenance in accordance with NFPA 25.			Yes	No	