



# PROSPER FIRE RESCUE

## FIRE MARSHAL'S OFFICE

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### Dry Pipe Sprinkler System

*This inspection checklist is provided as a courtesy to assist with dry pipe sprinkler suppression installation requirements*

Project Name: \_\_\_\_\_

Permit # \_\_\_\_\_

Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

| Y                        | N                        | N/A                      | Hydrostatic Test                                                                   |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm underground fire line finalized w/SF-042 Certification                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Start PSI: <input type="text"/> Time: <input type="text"/> (≥ 200 psi for 2 hours) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pressure pumps disconnected 13-28.2.1                                              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | End PSI: <input type="text"/> Time: <input type="text"/> (No loss of pressure)     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relieved pressure and the gauge returned to zero?                                  |

Inspection Results: ☐ Passed ☐ Failed

| Y                        | N                        | N/A                      | 24 Hour Air Test (Dry & Pre-Action Systems)                                        |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | System pressure @ 40 psi 13-28.2.1                                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Start PSI: <input type="text"/> Time: <input type="text"/> (24 hours)              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Air compressor disconnected?                                                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | End PSI: <input type="text"/> Time: <input type="text"/> (Pressure loss ≤ 1.5 psi) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relieved pressure and the gauge returned to zero?                                  |

Inspection Results: ☐ Passed ☐ Failed

| Y | N | N/A | Visual |
|---|---|-----|--------|
|---|---|-----|--------|

Consult the stamped approved plans and verify the following

#### Piping & Hangers

|                          |                          |                          |                                                                   |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify proper pipe installed 13-16.3.1                            |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify piping sizes and layout                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe hangers installed per section 13-17.1.1                      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main & cross main piping supported per 13-(Table 17.4.2.1 a)      |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Branch line piping supported per section 13-17.4.3                |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Support of riser piping per section 13-17.4.5                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clearance to hangers not within 3" of an upright head 13-17.4.3.3 |

#### Sprinklers

|                          |                          |                          |                                                                |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type, temp. & spacing of sprinklers match plans 13-9.5.1       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minimum distances from sprinklers 13-9.5.3.4                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Minimum deflector distance below ceiling 13-9.5.4.1.1          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Obstructions to sprinkler discharge 13-9.5.5                   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Min. Temp. & Distance from heat source 13-(Table 9.4.2.5 a)    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are dry sprinkler min. barrel lengths per 13-(Table 15.3.1 a)  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Has the penetration of the dry sprinkler been sealed 13-15.3.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are sprinklers in their proper orientation per 13-9.5.4.2      |

#### Riser

|                          |                          |                          |                                                                  |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Backflow device, size, type & flow direction 13-16.9.3.3.5       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main drain piped outside or to drain of proper size 13-16.10.4.4 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all freeze protection methods operational SFMO 34.718        |

#### FDC

|                          |                          |                          |                                                                 |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Connection 18" to 48" above finished grade 13-16.12.5.1.2       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5" Stortz w/30° downturn and locking cap 13-16.12.3.1.1         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FDC with the proper drip valve for drainage 13-16.12.7          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify 5' pathway, visible & facing the fire lane 24-5.9.5.1    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sign with 1" letters indicating what it serves 13-16.12.5.8     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If FDC serves multi-addresses, addresses must be listed 24-5.9a |

Comments: \_\_\_\_\_

| Y                        | N                        | N/A                      | Dry System Functional Test                                        |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Full flow trip test, w/out Quick Opening Device (QOD) 13-8.2.3.3  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Full flow trip test, w/QOD (750 gallon capacity) 13-8.2.3.4       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Record water delivery times per 13-8.2.3                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Delivery: ≥ 60 sec. or > 500 gal. or > 750 gal. w/QOD) 13-8.2.3.2 |

Inspection Results: ☐ Passed ☐ Failed

| Y                        | N                        | N/A                      | Air Compressor Visual & Functional Test                               |
|--------------------------|--------------------------|--------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the compressor is listed for proper use per 13-8.2.6.3         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the connection supply pipe not less than 1/2" per 13-8.2.6.4.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify the compressor fills the system per Section 13-8.2.6.3.2       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Confirm high/low pressure supervisory signal @ the FACP 903.4         |

Inspection Results: ☐ Passed ☐ Failed

| Y                        | N                        | N/A                      | Visual                                                                 |
|--------------------------|--------------------------|--------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler placement clearance from obstructions 13-9.5.5.2             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify sprinkler heads are free from foreign matter 13-16.2.3.1        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Escutcheon plates are installed per mfg. instructions 13-16.2.5        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Water pressure gauges are installed properly 13-16.13                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Inspector's test connection clearly indicated & accessible 13-16.9.12  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Auxiliary/low point drains clearly indicated & accessible 13-16.10.5.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sign @ each control valve w/portion of building served 13-16.9.12.3    |

#### Riser Room

|                          |                          |                          |                                                                            |
|--------------------------|--------------------------|--------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hydraulic nameplate installed at riser per section 13-28.5.1               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spare head box, sprinkler heads, wrench & label per 13-16.2.7              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper space around riser(s) for service <u>per mfg.</u> (3' min.) 901.4.6 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Multiple risers correspond w/ fire alarm addressing 904.3                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All riser trim and valves labeled per 13-28.6.1.1                          |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Riser room door labeled & Knox box installed 509.1                         |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Riser room hard wired for heat & emergency lighting 13-8.2.5.2.1           |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | A Locking documents cabinet installed per Prosper Amendments               |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | NFPA 25, Contractor Certificate & As-Built Drawings in cabinet             |

#### Testing

|                          |                          |                          |                                                                         |
|--------------------------|--------------------------|--------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Main drain test performed, recorded/permanently affixed 13-28.2.3.4.2   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flow from ITV initiated signals within the designed times 13-28.2.3.1   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Initiation of alarm activated proper notification devices 13-28.2.3.1.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signals to F/A panel w/correct address & description 903.4              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signals @ the FACP correspond w/monitoring station signals received?    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify DCVA forward flow and certification test report provided?        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signed Aboveground Contractor Material & Test Certificate SF-041        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Statement of Compliance letter on file with the Prosper FMO             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As-Built drawings on file with the Prosper FMO                          |

Inspection Results: ☐ Passed ☐ Failed

Inspector's Name: \_\_\_\_\_

Contractor's Name & License # \_\_\_\_\_