



Dry Pipe Sprinkler System

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

Project Name: _____
Address: _____
City, State & Zip: _____
Phone Number: _____

Permit # _____
Date: _____

Hydrostatic Test

Y	N	N/A	
<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

24 Hour Air Test (Dry & Pre-Action Systems)

Y	N	N/A	
<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

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: _____

Dry System Functional Test

Y	N	N/A	
<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

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

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 # _____