



# PROSPER FIRE RESCUE

## FIRE MARSHAL'S OFFICE

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### Underground Fire Line & Remote FDC Inspection

*This inspection checklist is provided as a courtesy to assist with your underground fire service installation requirements*

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

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

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

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

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

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

Y	N	N/A	Main Line Visual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved plans on site 24-4.1.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping and joints are uncovered 24-10.10.2.2.4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size and type of piping installed per listing 24-10.1.1.2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedding material to "Prosper Class F1" & approved plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direction changes as per the approved plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth of piping as per approved plans & 24-10.4.2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrust blocks at each change of direction 24-10.6.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poly wrap of any and all ductile piping 24-10.1.1.3.1
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Remote FDC Line Visual
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved plans on site 24-4.1.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping and joints are uncovered 24-10.10.2.2.4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Size and type of piping installed per listing 24-10.1.1.2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bedding material to "Prosper Class F1" & approved plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Direction changes as per the approved plans
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depth of piping as per approved plans & 24-10.4.2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Thrust blocks at each change of direction 24-10.6.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poly wrap of any and all ductile piping 24-10.1.1.3.1
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Main Line Hydrostatic Test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start PSI: _____ Time: _____ (≥ 200 psi for 2 hours)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure pumps disconnected 24-10.2.2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	End PSI: _____ Time: _____ (PSI Loss 24-10.10.2.2.6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relieved pressure and the gauge returned to zero
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Remote FDC Line Hydrostatic Test
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Start PSI: _____ Time: _____ (≥ 200 psi for 2 hours)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure pumps disconnected 24-10.2.2.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	End PSI: _____ Time: _____ (PSI Loss 24-10.10.2.2.6)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relieved pressure and the gauge returned to zero
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Main Line Flush
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flow minimum hose/pipe 2" < underground 24-10.10.2.1.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hose or pipe has been restrained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe flush until clear of all debris 24-10.10.2.1.2
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Remote FDC Line Flush
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flow minimum hose/pipe 2" < underground 24-10.10.2.1.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hose or pipe has been restrained
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Observe flush until clear of all debris 24-10.10.2.1.2
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Double Check Valve Assembly
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify backflow prevention device, size, type 24-6.5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify correct flow direction 24-6.5.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify DCVA was forward flow tested 24-10.10.2.5.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Verify DCVA testing/certification provided 24-10.10.2.5.2
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Remote FDC Line Final
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clearance of 4' around the FDC 24.5.9.5.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5' pathway, visible from and facing the fire lane 24-5.9.5.2
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sign with 1" letters indicating what it serves 24.5.9.5.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If serving multiple addresses, addresses must be listed 24-5.9.5.7
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Connection 18" to 48" above finished grade 24-5.9
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5" Storz w/ 30° downturn & locking cap 24-5.9.1.3
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FDC check valve/ball drip arrangement per 24-5.9.4.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Locking cap on each connection 912.3.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	If subject to damage, protected by guard posts 312.1
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

Y	N	N/A	Final
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Final completed on the remote FDC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	As-built drawings for any changes made 24-4.1.1
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signed Underground Cont. Material Test Certificate SF-042
<b>Inspection Results:</b>			<input type="checkbox"/> Passed <input type="checkbox"/> Failed

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

\_\_\_\_\_

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

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