

SOUTH METROPOLITAN FIRE PROTECTION DISTRICT

Fire Protection Systems Inspection for New Construction Finals and Tenant Finishes

_____ Business name and Address _____ Permit # _____

Inspector Name/Date/Time: _____

| | Yes | No | Comments |
|---|-------|-------|----------|
| <u>Automatic Fire Extinguishing Systems:</u> | | | |
| a. Manual pull station tested | _____ | _____ | _____ |
| b. Test link performed | _____ | _____ | _____ |
| c. <u>Power under hood deactivates</u> | _____ | _____ | _____ |
| d. <u>Gas terminates to the appliance</u> | _____ | _____ | _____ |
| e. <u>Hood activates the alarm system</u> | _____ | _____ | _____ |
| f. <u>Hood activation causes hood exhaust to remain on</u> | _____ | _____ | _____ |
| g. <u>Hood activation cause make-up air to shut down</u> | _____ | _____ | _____ |
| h. <u>K fire extinguisher by door if required</u> -within 30 feet | _____ | _____ | _____ |
| i. <u>System tagged and in service</u> | _____ | _____ | _____ |
| j. All hoods will have a notification device | _____ | _____ | _____ |
| k. Letter ref installation of system | _____ | _____ | _____ |

| | | | |
|--|-------|-------|-------|
| <u>Fire Sprinkler system:</u> | | | |
| a. All areas covered by heads | _____ | _____ | _____ |
| b. Riser displays inspection tag | _____ | _____ | _____ |
| c. <u>Caps for FDC in place and right size</u> | _____ | _____ | _____ |
| d. <u>Horn/Strobe above FDC</u> | _____ | _____ | _____ |
| e. <u>Spare head and wrench in cabinet</u> | _____ | _____ | _____ |
| f. <u>All valves electronically supervised</u> | _____ | _____ | _____ |
| g. <u>Riser/FACP room marked</u> | _____ | _____ | _____ |
| h. All system components properly marked | _____ | _____ | _____ |
| i. <u>Water flow alarm tested and works properly</u> | _____ | _____ | _____ |
| j. Supervisory switches tested and work properly | _____ | _____ | _____ |
| k. Sprinkler system in service and working | _____ | _____ | _____ |
| l. Letter ref installation of system | _____ | _____ | _____ |

Hydro testing:

| Date: | Riser | Begin: | Pressure: | End: | Pressure: | (Covers) |
|-------------|-------|--------|-----------|-------|-----------|----------|
| ___/___/___ | (1) | _____ | _____ | _____ | _____ | _____ |
| ___/___/___ | (2) | _____ | _____ | _____ | _____ | _____ |
| ___/___/___ | (3) | _____ | _____ | _____ | _____ | _____ |
| ___/___/___ | (4) | _____ | _____ | _____ | _____ | _____ |
| ___/___/___ | (5) | _____ | _____ | _____ | _____ | _____ |

Fire Line Date: ___/___/___ Begin: _____ Pressure: _____ End: _____ Pressure: _____

Fire Block Pass: _____ Fail: _____
