PLEASANT PRAIRIE ANNUAL SPRINKLER TEST AND INSPECTION SUPPLEMENTAL FORM

This form is to be filled out and submitted to the Pleasant Prairie Fire & Rescue Department with the current sprinkler test form used by the licensed sprinkler contractor. This is intended to address specific concerns common in Pleasant Prairie. Permit fee, Village Ordinance 180-17 applies prior to performing the NFPA 25 inspection for occupancy. A copy of this form and the form used by the contractor must be returned to the Fire & Rescue Department.

Business Name: _____

Address: _____

Sprinkler Company: _____

Inspector Name: _____

State Fire Protection License #: _____

Date of Inspection: _____

Number of Sprinkler Risers in Building: _____

Total Amount of Water Used during this Inspection: _____ **gallons**

	Yes	No	N/A
Pumper Pad, F.D.C.			
1. No damage to Fire Department Connection/Hydrant	___	___	___
2. Fire Department Connection/Hydrant accessible	___	___	___
3. Manhole accessible, Pit free of water	___	___	___
4. Check Valve operating properly	___	___	___
5. Inspect and Flush Pumper Pad Hydrant	___	___	___
6. Pressure Test F.D.C.(150psi) at Pumper Pad, Passed Test?	___	___	___
Hydrants			
1. Inspect and flush all property hydrants	___	___	___
2. Grease all property hydrants	___	___	___
3. All hydrants properly maintained	___	___	___
4. All yard hydrants solid red in color	___	___	___
5. All municipal hydrants red with silver caps	___	___	___
6. Physical Obstructions to Hydrants Cleared Away	___	___	___

	Yes	No	N/A
Valves			
1. All sectional valves maintained and exercised	___	___	___
2. Tamper/Padlock on valves operational	___	___	___
3. Hydrant shut off valves working and exercised	___	___	___
4. Padlocks, able to operate	___	___	___
Outside Strobe/Bell			
1. All strobe/bells operating at correct riser	___	___	___
2. All strobe lights red in color and installed vertical	___	___	___
3. Inspect strobe/bell for damage, operating properly	___	___	___
Pump Room			
1. All valves locked or tamper switches operational	___	___	___
2. Alarm supervision for fire pump (power/pump run)	___	___	___
3. All valves maintained, greased, exercised	___	___	___
4. Emergency lighting present in room	___	___	___
5. Fire pump meets design at 100% of capacity	___	___	___

Water Flow Test

Done without the fire or jockey pump on.

Static Pressure: _____ psi

Residual Pressure: _____ psi

Residual Pressure required at the base of the riser (most demanding): _____ psi

Last date of full flow or partial tripping of dry valve: _____

Comments
(Any "No" answers, test failures or other discrepancies found during the inspection must be explained here).

_____
_____
_____
_____
_____
_____
_____
_____
_____

I state that the information on this form is correct at the time of my inspection, and that all equipment tested at this time was left in 100% operational condition upon completion of this inspection except as noted in the comment section above.

Signature of Inspector _____ Date: _____

Printed Name of Inspector _____

Repair of Discrepancies:
(Explain the repair and projected date that the above discrepancies will be repaired).

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

I have been made aware of the discrepancies found on this inspection and will bring the fire protection system into compliance with NFPA 13, NFPA 20, NFPA 25. The Village of Pleasant Prairie Fire & Rescue Department will be notified when repairs are completed.

Name of Owner/Representative: _____

Signature of Owner/Representative: _____