



Paso Robles Department of Emergency Services

FIVE-YEAR REPORT

SCOPE: Service and maintenance report on automatic fire extinguishing systems, including fire sprinklers, dry, deluge, and pre-action systems, hose cabinet, plus on-site fire hydrants, alarm and supervisory equipment attached to those systems (as per Title 19, Health and Safety Code, and NFPA 25)

Case Number (for office use only) _____

Assessors Parcel Number (APN) _____

Business Name _____ Date _____

Address _____ City _____

Testing Agency _____ Phone _____

Address _____

License # and Type _____

System Design/Density(s) _____ Head Temp. _____ Orifice Size _____

Explain All No Answers on Last Page.

1. General

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
A. Are all systems in service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the building completely sprinklered and are all areas protected as per NFPA, Fire and Building Code?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is required clearance of stock or storage maintained below sprinkler piping/heads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. In areas protected by a wet system, does the building appear to be properly heated in <u>all</u> areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Fire Department Connection

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|---|--------------------------|--------------------------|--------------------------|
| A. Are fire department connections in satisfactory conditions (threads, couplings free, caps in place, check valves tight, gaskets in place and in good condition)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Was back flush of F.D.C. completed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all inlets accessible and 18" to 48" above grade? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are identification signs in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. Control Valves

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| A. Are all sprinkler system main control valves open? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| B. Are all other valves in the proper position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Are all control valves in good condition and locked open or supervised? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are all control valves unobstructed and accessible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| E. Are identification signs for all control valves and locations provided (storage rooms, closets)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

	OPEN		SECURED		SIGNS		OPERATED		
	Yes	No	Yes	No	Yes	No	Yes	No	N/A
City connective valve									
Tank control valves									
Pump control valves									
Sectional control valves									
System control valves									
P.I.V. and/or O.S. &Y valves									
Underground gate valves									

4. Riser, Gauges, Inspector's Test

- A. Water flow test conducted using inspector's test valves? Yes _____ No _____
- B. Tester shall install test gauge at each test gauge opening in order to determine the accuracy of existing gauges.

Riser Number	Test Pipe Size	Accuracy of Existing Gauge	Pressure Before	Flow Pressure	Pressure After	Local Alarm Within 90 Seconds

NOTE: *If a 10 psi or greater drop is recorded, problems may exist.*

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| C. Are all risers, gauges and bracing in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Are the correct spare sprinkler heads (temp., qty., type) and wrenches provided in the spare sprinkler box adjacent to riser? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

5. Sprinklers – Piping

- A. Are all sprinklers in good condition, not obstructed and free of corrosion or paint?
- B. Are all sprinklers less than 50 years old?
- C. Is condition of piping, drain valves, and check valves, hangers and pressure gauges satisfactory?
- D. Have sprinklers been checked for proper temperature rating?

6. 1 ½” Hose and Related Equipment

- A. Are valves fully operable and was a minimum of 5 gallons of water flowed from each?
- B. Was cabinet inspected for accessibility and condition?
- C. Was hose removed and service tested as per NFPA 1962 at 5 years after manufacture date and every 3 years thereafter?
- D. Are the correct nozzles provided?
- E. Are all required gaskets in good condition?

F. Hose Type: Lined _____ Unlined _____ Purchase Date _____

Note: Replacement hose to meet C.B.C. Standard current edition.

7. Dry, Deluge, Preaction Systems

- A. Were all system comp. inspected for condition and serviceability?
- B. Is air pressure and priming water level normal?
- C. Was air compressor tested to insure good working order?
- D. Were low points drained during fall and winter inspections?
- E. Were all quick opening devices tested?
- F. Have dry valves been trip tested satisfactory as required annually?
- G. Are dry valves adequately protected from freezing?
- H. Are valves house and heater condition satisfactory?
- I. Were activating devices tested? (Heat Det./Smoke Det.)

8. On-Site Fire Hydrants

- A. Have all hydrant stems, threads and caps been insp. for damage?
- B. Were all outlets on each hydrant fully opened and closed to insure a smooth operation?
- C. Were the hydrant shut-off valves closed and fully reopened to insure adequate water flow?
- D. Are all hydrants easily accessible and are the outlets 14” to 24” above grade?
- E. Are all necessary crash posts in place?
- F. Are all hydrants/posts painted Traffic Signal Yellow?
- G. Department requires a flow test during this inspection.

Provide the GPM _____ and PSI _____ available from the most remote hydrant

9. Alarm and Supervisory Equipment:

A. Name of Monitoring Company _____ Phone _____

Account # _____ Time Notified _____

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> |
|--|--------------------------|--------------------------|--------------------------|
| B. Have all alarm and supervisory equipment (tamper, flow switches etc.) been tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| C. Did all supervisory equipment operate as designed during the test? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| D. Record all alarm times, location (riser #1, P.I.V., system #1, etc.) and type of equipment (tamper, flow switch, bell, etc. during each test or service). | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EQUIPMENT LOCATION	EQUIPMENT TYPE	TIME OF EACH ALARM TEST	TIME ALARM COMPANY RECORDED RECEIVING <u>EACH</u> ALARM TEST

Repair and Retest: If defects are found in equipment tested, correction of such defects shall commence IMMEDIATELY and shall be completed as soon as possible, but in every case within 30 days of initial test. At the completion of repair, the system or device shall be retested as necessary to determine that it is fully operable.

