

Insert Logo Here Service Company Information (Address, Telephone, & Contact Information)	Building Sprinkler Systems Tests			
	Date of Service:		Last Service Date:	
	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>
	Semiannual <input type="checkbox"/>	Annual <input type="checkbox"/>	Third Year <input type="checkbox"/>	Fifth Year <input type="checkbox"/>
Building Name:		Contact Person:		Phone:
				Fax:
Address:		Owner/Strata Number:		Phone:
				Fax:
City:	Postal Code:	Central Station:		Phone:
				Fax:

Summary of systems tested in accordance with the relevant Provincial Fire Code and referenced Standards.

System	#1	#2	#3	#4	#5
Wet					
Dry pipe partial test					
Dry pipe full flow test					
Deluge					
Pre-action					
Other					
Area of coverage					
Size (gallons)					
Manufacturer					
System Water Pressure					
Supply Water Pressure					
System Air Pressure					
Trip Pressure					
Trip Time					
System	#6	#7	#8	#9	#10
Wet					
Dry pipe partial test					
Dry pipe full flow test					
Deluge					
Pre-action					
Other					
Area of coverage					
Size (gallons)					
Manufacturer					
System Water Pressure					
Supply Water Pressure					
System Air Pressure					
Trip Pressure					
Trip Time					

Yes	No	Visual Pre-Inspection Check
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Calculation Label in place? Date on Label: _____ Date of last compressor service: _____
		Designer: _____ Engineer: _____
<input type="checkbox"/>	<input type="checkbox"/>	Corrosion evident? Sprinkler Heads <input type="checkbox"/> Joints <input type="checkbox"/> Hangers <input type="checkbox"/> Supply/Riser/Distribution Piping <input type="checkbox"/> Valves <input type="checkbox"/>
		Corrosion is: Minor <input type="checkbox"/> Moderate <input type="checkbox"/> Severe <input type="checkbox"/> Condition of heat tracing/insulation: Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> NA <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Replacement of affected components is indicated. ("Yes" answer detailed in remarks section)
<input type="checkbox"/>	<input type="checkbox"/>	Remarks concerning the system have been made? (Please refer to the Comments/Remarks section of this report.)

The information on this form (and in the pages attached here-to) attests to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer's requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked "comments". This document has been provided to the building owner's representative. A copy shall be maintained on the premises for examination by the Fire Marshal or Inspector at their request.

			Company Name
Technician Performing Test	Registration Number/Stamp	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2017)

Date:		
Building Name:		Address:
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.		

System Number (From Summary Page): _____

"✓" = **Yes** - Tested correctly "X" = **No** - Did not test correctly (**NO** answers are detailed in "Comments/Remarks") "NA" = Not applicable

Sprinkler System Inspection

Daily / weekly if low temperature alarms are installed.

- _____ (a) Enclosures - dry-pipe or deluge valves maintaining 40F/4C?
- _____ (b) Heat trace controllers' power "on".
- _____ (c) Is heat trace controller in "trouble"? Yes No

Weekly

Relief port for reduced pressure & backflow prevention assemblies is free from discharge?

Weekly and Monthly Inspection Items

Gauges on dry, pre-action and deluge systems in good condition?
Inspect air pressure and water pressure?

Control valves (and isolation valves on backflow prevention devices):

- _____ (a) in correct (open or closed) position?
- _____ (b) Sealed, locked or supervised and accessible?
- _____ (c) Free from external leaks?
- _____ (d) Provided with appropriate wrenches?

Alarm valve free from damage, trim in correct position, and no leakage?

Quarterly Inspection Items (in addition to above)

- _____ Pre-action and deluge valves inspected externally & free from damage?
- _____ Electrical components in service?
- _____ Gauges wet pipe in good condition and normal water pressure is being maintained?
- _____ Dry pipe valve/quick opening devices shall be inspected externally.
- _____ Backflow prevention assemblies shall be inspected (locked or properly supervised by an acceptable electrical means).
- _____ Control valves shall be inspected.
- _____ Alarm valves shall be inspected externally.
- _____ Hydraulic name plate is properly affixed to the sprinkler riser?
- _____ Date on Label: _____

Heat Tracing - check pipe insulation for cuts or abrasions.
Check exposed cable/connectors for chaffing, cuts, or abrasions.

- _____ Oil level in normal range on air compressor?
- _____ Condition of oil in sight glass? Clean Cloudy Dirty
- _____ Filter checked? Replacement required? Yes No NA
- _____ Belt checked for proper tension? Condition? Good Worn
- _____ Inspect electrically supervised valves?
- _____ Alarm devices inspected to verify they are free from physical damage?
- _____ Pressure regulating control valves shall be inspected.
- _____ Sprinkler pressure regulating & control valves shall be inspected.
- _____ Fire department connection?

Annual inspection items.

- _____ Record date of backflow internal exam. _____
- _____ Buildings - prior to freezing weather?
- _____ Hangers and seismic braces inspected from floor level?
- _____ Pipe and fittings shall be inspected from floor level?
- _____ Sprinklers shall be inspected from floor level?
- _____ Spare sprinklers shall be inspected?
- _____ Interior of dry pipe valve shall be inspected at time of trip test?
- _____ Pre-action/deluge valves shall be inspected internally?
- _____ Interior of dry-pipe , pre-action, deluge valves internal inspection?
- _____ **Heat Tracing** - Check all connections tight, clamped & undamaged.
- _____ Check heat trace controller for trouble and ground fault response.
- _____ Check heat trace controller interconnection to fire alarm system.

Fifth year inspection items.

- _____ Alarm valves & strainers, filters and restriction orifices passed internal inspection?
- _____ Pre-action/deluge valve and their associated strainers, filters and restriction orifices pass internal inspection?
- _____ Dry pipe valves/quick opening devices internally inspect strainers, filters & orifices?
- _____ Check Valves internally inspected and all parts operate properly, move freely and are in good condition?
- _____ Interior of dry-pipe , pre-action, deluge valves internal inspection?
- _____ Internal examination performed on Backflow Assembly?

Sprinkler System Testing

Quarterly Tests

- _____ Water flow alarms passed tests?
- _____ Control valves opened until spring or torsion is felt in the rod?
- _____ Valve supervisory switches indicate movement?
- _____ Low air pressure alarms tested in as per mfg's requirements?
- _____ Pre-action/deluge valves (supervised) priming water tested?
- _____ Alarm device, test on dry pipe, pre-action or deluge system using bypass?
- _____ Inspectors test connection opened? (wet pipe when not freezing)
- _____ Bypass connection opened? (wet pipe, dry pipe, pre-action and deluge systems when not freezing)
- _____ Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions?
- _____ Quick opening devices passed test?

Main drain test shall be conducted on each system riser.

Record Static pressure: _____ PSIG KPAG
Residual pressure: _____ PSIG KPAG

Annual Testing

- _____ Are all sprinklers in service dated 1920 or later?
- _____ Fast Response sprinklers in service for less than 20 yrs
- _____ If "NO" test sample now and every 10 years?
- _____ Record anti-freeze Specific Gravity: _____
- _____ All control valves operated thru full range and returned to normal?
- _____ Pressure regulating valve shall pass a full flow test.
- _____ Backflow prevention assemblies have been tested by an agency acceptable to the local authority? Date: _____
- _____ Forward flow test has been conducted.
- _____ Forward Flow Test results are recorded on the backflow test report?
- _____ Standard sprinklers less than 50 yrs old. If "no" has a sample been tested within 10yrs, If "no" test sample now and every 10yrs.
- _____ Low temperature alarms in dry pipe, pre-action and deluge valve enclosure passed test?

Main Drain test shall be conducted on each system riser.

Record Static pressure: _____ PSIG KPAG
Residual pressure: _____ PSIG KPAG

Are results comparable to previous tests?

BUILDING LIFE SAFETY SYSTEMS – BUILDING SPRINKLER SYSTEM INSPECTION & TESTING – NFPA 25 (2017)

Date:		Address:
Building Name:		
Important: All daily, weekly, monthly, and quarterly inspection and testing items on this form shall be done during the Annual Inspection. Exceptions must be documented in the "Remarks/Comments" section of this report. Please attach testing data sheets for each system tested.		

System Number (From Summary Page): _____	
"✓" = Yes - Tested correctly "X" = No - Did not test correctly (NO answers are detailed in "Comments/Remarks") "NA" = Not applicable	
Special Suppression Systems & Additional Sprinkler System Testing Requirements	
Pre-action and deluge valve full flow trip test: (Note: Except where water cannot be discharged, test all systems simultaneously.)	Auto air maintenance devices on dry pipe & pre-action passed test?
Water discharge from all nozzles unimpeded?	All sprinkler pressure regulating control valves passed full flow test?
Pressure reading at hydraulically most remote nozzle: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	Dry-pipe full flow trip test (to be done every 3rd year):
Residual pressure reading at valve: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Was flow observed?	Was water delivered to inspectors test connection?
Are above readings comparable to design values?	Initial air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>
Manual activation devices passed test?	Water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>
Automatic air pressure maintenance devices passed test?	Trip air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>
Dry pipe valve partial flow trip test:	Tripping time: _____ Seconds
Initial air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	Date of trip test (from records on site) : _____
Water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	Tests to be done every fifth year:
Trip air pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	Extra High, Very Extra High and Ultra High Temp sprinklers tested?
Tripping time: _____ Seconds	Gauges checked against calibrated gauge or replaced?
Are the results comparable to previous test?	Date of service (from records on site): _____
Post indicator valves opened until spring or torsion is felt in rod.	Are above results comparable to previous tests?

Sprinkler System Maintenance Items	
Regular Maintenance Items	If any of the following was discovered, was an obstruction investigation conducted, and the system flushed? Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
If sprinklers have been replaced, were they proper replacements?	1. Defective intake screen for pumps taking suction from open sources?
Air leaks in dry-pipe system resulting in air pressure loss more than 10 psi/week repaired?	
Dry-pipe systems being maintained in dry condition?	
Annual Maintenance Items	2. Obstructive material discharged during water flow tests?
Operating stem of all OS&Y valves lubricated, completely closed and then reopened?	3. Foreign materials found in dry-pipe valves, check valves or pumps?
Interior of dry-pipe, pre-action and deluge valves cleaned?	4. Heavy discoloration of water during drain test or plugging of inspector's test connection?
Low points drained in dry pipe, pre-action & deluge systems prior to freezing weather?	5. Plugging of sprinklers found during activation or alteration?
Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no sign of grease buildup?	6. Plugging found in piping dismantled during alterations?
Temperature maintained above 10 degrees C in all sprinkler control valve areas.	7. Failure to flush yard piping or surrounding public mains following new installation or repairs?
	8. Record of broken mains in the vicinity?
	9. Abnormally frequent false tripping of dry-pipe valves?
	10. Has system been returned to service after an extended period of non-service?
	11. Is there reason to believe the system contains sodium silicate?

Remarks/Comments: