



# Evesham Fire - Rescue

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## Annual Inspection of Fire Sprinkler System

Property Name: \_\_\_\_\_

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

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

System Type: Fire Sprinkler System Use Group: \_\_\_\_\_

System Description: \_\_\_\_\_

Inspection Type: Annual

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

Inspector(s): \_\_\_\_\_ Inspector's Phone #: \_\_\_\_\_

System Left:       [Operational]       [Partially Operational]       [Non-Operational]

**CIRCLE OR CHECK APPLICABLE BOX.  
ALL NO ANSWERS TO BE EXPLAINED  
IN SECTION VII.**

### SECTION I. Initial Actions

- |   |              |             |              |
|---|--------------|-------------|--------------|
| 1. Were building management and occupants notified of the inspection?   | [Yes]        | [No]        | [N/A]        |
| a. Did the building management confirm that there were no changes in occupancy or hazard since the previous inspection? | [Yes]        | [No]        | [N/A]        |
| b. Name and title of person   | _____        |             |              |
| 2. Was the fire department notified of the inspection?  | [Yes]        | [No]        | [N/A]        |
| a. Name / ID number of person notified  | _____        |             |              |
| 3. Was the monitoring company notified?   | [Yes]        | [No]        | [N/A]        |
| a. Name / ID number of person notified  | _____        |             |              |
| b. Alarm codes (optional)   | _____        |             |              |
| <b>4. Are all fire protection systems in service?</b>   | <b>[Yes]</b> | <b>[No]</b> | <b>[N/A]</b> |

### SECTION II. Inspections

#### A. Visual Inspection in Sprinkler Room

- |  |       |      |       |
|--|-------|------|-------|
| 1. Is the system hydraulically designed?                                     | [Yes] | [No] | [N/A] |
| a. If yes, is the proper nameplate readable and attached to riser?           | [Yes] | [No] | [N/A] |
| 2. Who is performing quarterly inspections?                                  | _____ |      |       |
| 3. Who is performing monthly inspections?                                    | _____ |      |       |
| 4. Are the retard chambers, drains, piping, & valves free of leaks?          | [Yes] | [No] | [N/A] |
| 5. Are the sprinkler gauges in good condition and calibrated within 5 years? | [Yes] | [No] | [N/A] |
| 6. Is the alarm valve in good condition and free of visible damage?          | [Yes] | [No] | [N/A] |
| 7. Are all other valves in good condition and free of visible damage?        | [Yes] | [No] | [N/A] |
| 8. Key valves identified with signs:   |       |      |       |
| a. Main drain?   | [Yes] | [No] | [N/A] |
| b. Main control valve?   | [Yes] | [No] | [N/A] |
| c. Inspector's test valve?   | [Yes] | [No] | [N/A] |
| d. Alarm test?   | [Yes] | [No] | [N/A] |
| e. Auxiliary drain?  | [Yes] | [No] | [N/A] |
| f. Other   | _____ |      |       |
| 9. Is there a spare sprinkler box?   | [Yes] | [No] | [N/A] |
| a. with wrench?  | [Yes] | [No] | [N/A] |
| b. with sprinklers?  | [Yes] | [No] | [N/A] |
| c. number of spare sprinklers  | _____ |      |       |

**A. Visual Inspection in Sprinkler Room, continued**

10. Is the control valve in the correct (open or closed) position?	[Yes]	[No]	[N/A]
11. Is the control valve either locked or provided with a supervisory switch?	[Yes]	[No]	[N/A]
12. Does it appear that the sprinkler room is adequately heated?	[Yes]	[No]	[N/A]
13. Backflow preventers			
a. Valves in correct (open or closed) position?	[Yes]	[No]	[N/A]
b. Sealed, locked or supervised and accessible?	[Yes]	[No]	[N/A]
c. Relief port on RPZ device not discharging?	[Yes]	[No]	[N/A]

**B. Visual Inspection of the Outside of the Building (Fire Department Connection, Main Drain Outlet, and Inspector's Test Outlet)**

1. Is the fire department connection visible and accessible?	[Yes]	[No]	[N/A]
2. Is the fire department connection sign visible and legible?	[Yes]	[No]	[N/A]
3. Are the couplings and swivels undamaged and do they rotate freely?	[Yes]	[No]	[N/A]
4. Does the fire department connection clapper swing freely?	[Yes]	[No]	[N/A]
5. Are the plugs or caps in place and in good condition?	[Yes]	[No]	[N/A]
6. Are all gaskets in place and in good condition?	[Yes]	[No]	[N/A]
7. Is the automatic drain valve (ball drip) operating properly?	[Yes]	[No]	[N/A]
8. Is the check valve free of leaks?	[Yes]	[No]	[N/A]
9. Is the main drain outlet clear and unobstructed?	[Yes]	[No]	[N/A]
10. Does the inspector's test have a proper test orifice?	[Yes]	[No]	[N/A]

**C. Visible Inspection of Sprinklers (from floor level)**

1. Are the visible sprinklers free from corrosion?	[Yes]	[No]	[N/A]
2. Does it appear that the spray patterns are free of obstructions (18" for regular sprinklers and 36" for ESFR sprinklers)?	[Yes]	[No]	[N/A]
3. Are the sprinklers free of foreign material or paint?	[Yes]	[No]	[N/A]
4. Are the sprinklers free from physical damage?	[Yes]	[No]	[N/A]
5. Are the escutcheons and cover plates in place?	[Yes]	[No]	[N/A]
6. Does it appear that all sprinklers were rated for the proper temperature?	[Yes]	[No]	[N/A]
7. Are sprinklers in service after 1920?	[Yes]	[No]	[N/A]
8. If sprinklers are in service longer than 50 years, have they been tested within the last 10 years? (If "no" sample sprinklers must be tested.)	[Yes]	[No]	[N/A]
9. If there are fast response sprinklers in service longer than 20 years, have they been tested within 10 years? (If "no" sample sprinklers must be tested.)	[Yes]	[No]	[N/A]
10. If there are any dry pendants in service longer than 10 years, have they been tested within 10 years? (If "no" sample sprinklers must be tested.)	[Yes]	[No]	[N/A]

**D. Visual Inspection of Sprinkler Piping (from floor level)**

1. Does the piping appear in good condition?	[Yes]	[No]	[N/A]
2. Is the piping free of damage or leaks?	[Yes]	[No]	[N/A]
3. Is the piping free of external corrosion?	[Yes]	[No]	[N/A]
4. Is the piping properly aligned?	[Yes]	[No]	[N/A]
5. Is the piping free from external loads?	[Yes]	[No]	[N/A]
6. Are pipe hangers and seismic braces in good condition?	[Yes]	[No]	[N/A]
7. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years?	[Yes]	[No]	[N/A]

**SECTION III. Dry Pipe, Preaction & Deluge Systems**

1. Enclosures around dry/deluge valves maintaining a minimum of 40F?	[Yes]	[No]	[N/A]
2. Dry/deluge valves free from physical damage, trim valves in appropriate (open/closed) position, and no leakage from intermediate chamber?	[Yes]	[No]	[N/A]
3. Gauges in good condition showing normal air and water pressure?	[Yes]	[No]	[N/A]

**SECTION III. Dry Pipe, Preaction & Deluge Systems, continued**

- 4. For freezer systems, is the gauge near the compressor reading the same as the gauge near the dry pipe valve? [Yes] [No] [N/A]
- 5. Dry/deluge valves passed internal inspection & cleaned if necessary? [Yes] [No] [N/A]
- 6. Strainers, filters, restricted orifices and diaphragm chambers on dry pipe valves passed internal inspection? [Yes] [No] [N/A]
- 7. Adequate heat in areas with wet piping? [Yes] [No] [N/A]
- 8. Low temperature alarms functioning? [Yes] [No] [N/A]
- 9. Interior of pipe that passes through freezers free of ice blockage? [Yes] [No] [N/A]
- 10. Have low point drains been emptied? [Yes] [No] [N/A]
- 11. Were air leaks resulting in air pressure loss repaired? [Yes] [No] [N/A]
- 12. Air compressor in working order & oil level correct? [Yes] [No] [N/A]

**SECTION IV. Tests**

- 1. Were all control valves lubricated, completely closed, and reopened? [Yes] [No] [N/A]
- 2. Was a main drain test performed? [Yes] [No] [N/A]
  - a. Static (no flow) pressure (PSI) \_\_\_\_\_
  - b. Residual (full flow) pressure (PSI) \_\_\_\_\_
  - c. Static pressure after test (PSI) \_\_\_\_\_
- 3. Was an inspector's test performed? [Yes] [No] [N/A]
  - a. Did the local alarm activate properly? [Yes] [No] [N/A]
  - b. Type of local alarm device present:
    - i. Water Motor Gong [Yes] [No] [N/A]
    - ii. Electric Notification Device [Yes] [No] [N/A]
    - iii. Other \_\_\_\_\_
  - c. Time it took for the local alarm device to activate (Seconds) \_\_\_\_\_
- 4. Were supervisory devices tested? [Yes] [No] [N/A]
  - a. Did monitoring company receive all supervisory signals and alarms? [Yes] [No] [N/A]
  - b. Was the alarm panel reset and returned to normal condition? [Yes] [No] [N/A]
- 5. Backflow devices passed backflow test? [Yes] [No] [N/A]
- 6. Backflow devices passed full flow test? [Yes] [No] [N/A]
- 7. Pressure reducing valves passed partial flow test? [Yes] [No] [N/A]
- 8. Specific gravity of antifreeze correct? [Yes] [No] [N/A]
- 9. Dry pipe valve priming level correct and has the low air pressure signal passed its test? [Yes] [No] [N/A]
  - a. Quick opening devices passed test? [Yes] [No] [N/A]
  - b. Low temperature alarms passed test? [Yes] [No] [N/A]
  - c. Automatic air maintenance devices on dry pipe and preaction systems passed test? [Yes] [No] [N/A]
- 10. Dry pipe valve flow trip test performed? [Partial] [Full] [N/A]
  - a. Record initial air pressure \_\_\_\_\_
  - b. Record initial water pressure \_\_\_\_\_
  - c. Record tripping air pressure \_\_\_\_\_
  - d. Record tripping time \_\_\_\_\_
  - e. Record water delivery time \_\_\_\_\_
  - f. Above results comparable to previous tests? [Yes] [No] [N/A]

**SECTION V. Final**

- 1. Has building management been notified that the inspection is complete and the system is back in service and made aware of any deficiencies? [Yes] [No] [N/A]
  - a. Name of person notified \_\_\_\_\_
- 2. Has the monitoring company been notified that the system is back in service? [Yes] [No] [N/A]
  - a. Name / ID number of person notified \_\_\_\_\_
- 3. Has the fire department been notified that the system is back in service? [Yes] [No] [N/A]
  - a. Name / ID number of person notified \_\_\_\_\_

**SECTION VI. Repairs, Deficiencies, & Recommendations**

**A. Repairs**

1. Repairs made to the system at time of inspection

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**B. Deficiencies**

1. Description of Deficiency (System is partially operational, or non-operational because)

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**C. Recommendations**

1. Description of Recommendation (To improve your system, we highly recommends the following)

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**D. Information required for follow-up**

1. How long will it take to make repairs: (Approximate Hours) \_\_\_\_\_ Will system shutdown be required: [Yes] [No]

2. How many techs are needed: \_\_\_\_\_

3. Material required with part AFP #'s if known (i.e. how much pipe, what kind of sprinkler heads)

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4. Special equipment required (ex. lift, hammer drill)

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5. Is a site visit required? [Yes] [No] [N/A]

**SECTION VII. EXPLANATIONS (for "NO" answers, fill in applicable section & item)**

	Section #	Item #
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

~Note: This is an inspection of the system, but not an engineering analysis.

~One copy must be available at site and a copy must be sent to the local enforcing agency.

**OWNER'S SIGNATURE**

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