

DISTRICT OF SECHELT

Inspection and Testing of Fire Protection Equipment Bylaw No. 397, 2002

WHEREAS Section 653 of the *Local Government Act* authorizes Council by bylaw to regulate businesses, business activities and persons engaged in business;

AND WHEREAS Council may by bylaw deal with matters within the scope of the *Fire Services Act* and regulations made under it;

AND WHEREAS the District of Sechelt wishes to ensure that certain inspections and tests required under the *British Columbia Fire Code* are carried out by persons certified as fire protection technicians under the *Applied Science Technologists and Technicians Act*;

NOW THEREFORE the Council of the District of Sechelt in open meeting assembled, enacts as follows:

1. **TITLE:**

This Bylaw may be cited for all purposes as District of Sechelt “Fire Protection Equipment Inspection and Testing Bylaw No. 397”, 2002.

2. **DEFINITIONS:**

(1) In this bylaw:

“Fire Protection Equipment” shall include but not be limited to fire alarm systems, automatic sprinkler systems, special extinguishing systems, portable extinguishers, water supplies for fire protection; water supplies for fire protection, standpipe and hose systems, fixed pipe fire suppression systems in commercial kitchen exhaust systems, smoke control measures and emergency power installations.

“Fire Protection Technician” means a person certified under the *Applied Science Technologists and Technicians Act* to inspect and test Fire Protection Equipment.

“Hotel” includes:

- (a) an apartment house;
- (b) a residential condominium building that has
 - (i) two or more levels of strata lot as defined in the Condominium Act, and
 - (ii) one or more corridors that are common property as defined in the Condominium Act; and
- (c) a boarding house, lodging house, club or any other building, except a private dwelling, where lodging is provided, and

“Local Assistant” means a local assistant as identified in Section 6 of the Fire Services Act.

“Public Building” includes a factory within the meaning of the Workplace Act, a warehouse, store, mill, school, hospital, theatre, public hall, office building and any building other than a private dwelling house.

3. **REGULATIONS:**

- (1) All fire protection equipment in hotels and public buildings within the boundaries of the District shall be inspected and tested by a Fire Protection Technician in accordance with the requirements of the Fire Services Act and the regulations made under it.
- (2) Where a Fire Protection Technician has inspected or tested Fire Protection Equipment pursuant to Section 3 of this bylaw, the Fire Protection Technician shall label the equipment and maintain records as per Schedules A, B, C, D and E.
- (3) No person shall undertake or inspect any Fire Protection Equipment in hotels or public buildings within the boundaries of the District unless that person, at the time of undertaking the inspection or testing, is a Fire Protection Technician.

4. **PENALTY:**

Every person who violates any provision of this Bylaw shall, upon summary conviction, be liable to a fine not exceeding \$2,000 (Two Thousand Dollars), plus the costs of prosecution.

5. **SEVERABILITY:**


If any portion of this bylaw is held invalid by a Court of competent jurisdiction, then that invalid portion shall be severed and the remainder of this Bylaw shall be deemed to have been adopted without the severed portion.

READ A FIRST TIME THIS 3rd DAY OF JULY, 2002


READ A SECOND TIME THIS 3rd DAY OF JULY, 2002

READ A THIRD TIME THIS 3rd DAY OF JULY 2002

RECONSIDERED AND FINALLY ADOPTED THIS 17th DAY OF JULY, 2002

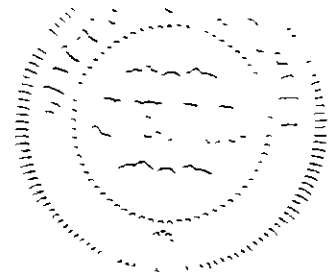


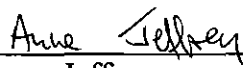
Mayor



Municipal Clerk

**I hereby certify this to be a true and accurate copy
of District of Sechelt "Fire Protection Equipment
Inspection and Testing Bylaw No. 397", 2002.**





Anne Jeffrey
Municipal Clerk

SCHEDULE A

Inspection, Testing and Maintenance of Fixed Extinguishing Systems

Service Company	Date of Service		Time			
	<input type="checkbox"/> Wet Chemical		<input type="checkbox"/> Dry Chemical		Last Recharge Date	
	Monthly <input type="checkbox"/>	Semi-annual <input type="checkbox"/>	Recharge <input type="checkbox"/>	Installation <input type="checkbox"/>	Renovation <input type="checkbox"/>	
	Location of System Cylinders:					
Name:	Manufacturer:		Model #	Serial #		
Address:	City:	Fuse Link 350 <input type="checkbox"/>	Fuse Link 450 <input type="checkbox"/>	Fuse Link 500 <input type="checkbox"/>	Other	
Phone:	Fax:	Store #	Fuel Shut off <input type="checkbox"/>	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	Size
Owner/Mgr:	Cylinder Master size		Cylinder Slave Size		Cylinder Slave Size	

- Yes No Technicians certified by the Manufacturer
 Yes No If No, have you advised the owner that your not being certified may affect his/her insurance or warranty of the system.
 Yes No Maintenance shall be conducted in accordance with applicable codes and the manufacturers maintenance manuals.

Equipment Protected (left to right)

“√” Yes - Satisfactory “X” NO - Unsatisfactory (Explain No answers in comments) “NA” - Not Applicable

Inspections

- No significant grease accumulation on nozzles or links?
- Check that corrosive cleaning agents are not used?
- Nozzles aim at the cooking surfaces they protect?
- Nozzle caps and seals are in place?
- The extinguishing system is in its proper location?
- Manual actuators are unobstructed?
- Tamper indicators and seals are intact?
- Maintenance tag or certificate is in place?
- No physical damage exists that may prevent operation?
- Pressure gauges are in the operable range?
- Has the hazard remained the same?

Semi-Annual Inspection

- Clean nozzles?
- Chemical cylinder pressure- _____ psi/kpa?
- Expellant gas cartridge
- (a)pressure (nitrogen) - _____ psi/kpa?
- (b)weight (carbon dioxide) - _____ lbs/kgs?
- Check dry chemical agent for lumping or caking?
- Fusible links replaced annually?
- Check Detectors, releasing devices, hose nozzles, alarms?
- System Piping examined and not obstructed?
- Piping and conduit securely bracketed?
- Check travel of cable nuts/S-hooks?

- Filters are listed and in proper position?
- Proper clearance from flame to filters?
- Damper Operates as intended?
- Proper separation between fryers and open flame?
- Proper portable fire ext. in accessible location?
- Personnel instructed in manual operation ?
- Operating instructions posted in a conspicuously?
- Manual and remote set/seals in place?
- System operational & seals in place?
- Tests and Maintenance**
- Hydrostatic test, 12 yr. Last date test _____?
- Cleaned cylinder and mount?
- Actuating test from pull station?
- Actuating test from fusible link?
- Actuating test from electrical detection?
- Fusible link checked , cleaned or replaced?
- Connection to fire alarm test?
- Fuel shutoff tested?
- Exhaust Fan tested and is operational?
- Hydrostatic test required every 12 years**
- Dry Chemical Containers?
- Wet Chemical Containers?
- Hoses and fittings?
- Auxiliary Pressure Containers?

Comments:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent

SCHEDULE B

Inspection, Testing and Maintenance of Unit Equipment for Emergency Lighting

Service Company	Date of Service		Time	Page _____ of _____
	Monthly <input type="checkbox"/>	Annual <input type="checkbox"/>	Last Service Date	
	Manufacturer:			Model #
Building Name:	Owner:			Phone: Fax:
Address:	City:			Postal Code:

“√” Yes - Acceptable “X” No - Unacceptable (Explain NO answers in comments)

Location of Unit	Monthly Inspection and Tests						Annual Tests		Time		Comments
	A	B	C	D	E	F	G	H	On	Off	

<p align="center">Monthly Tests</p> <p>A - Pilot lights are functioning? B - Terminal connections clean - lubricated? C - Terminal clamps clean and tight?</p>	<p align="center">Annual Tests</p> <p>D - Battery surface clean and dry? E. Electrolyte level and specific gravity, OK? F - Test to ensure light function - power loss?</p>
<p>G - Test to ensure lights function for a duration equal to design H - Test charging conditions for voltage & current recovery period to ensure charging system is functioning.</p>	

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
Technician Stamp	Date	Time	Owner or Authorized Agent

SCHEDULE C

Inspection, Testing and Maintenance of Fire Alarm Systems

Service Company	Date of Service		Time
	Annual Inspection <input type="checkbox"/>	Initial Inspection <input type="checkbox"/>	Last Service Date
	Single Stage <input type="checkbox"/>	Two Stage <input type="checkbox"/>	Direct Connection <input type="checkbox"/> yes <input type="checkbox"/> no
	Manufacturer:		Model #
Building Name:	Contact Person:		Phone:
Address:	Owner:		Fax:
City:	Postal Code:	Central Station:	Phone:
			Fax:

“Yes” - Acceptable “No” - Unacceptable (Explain No answers in comments)

Yes	No	Summary
<input type="checkbox"/>	<input type="checkbox"/>	The Fire alarm system is now fully functional
<input type="checkbox"/>	<input type="checkbox"/>	The Fire alarm system has deficiencies noted on the pages attached.
<input type="checkbox"/>	<input type="checkbox"/>	The Fire Alarm System is tested in accordance with CAN/ULC S536-97
<input type="checkbox"/>	<input type="checkbox"/>	Sequence of Operation confirmed and tested.

	Technicians After-test Checklist
<input type="checkbox"/>	Reconnect time limit cutouts?
<input type="checkbox"/>	Reconnect ancillary functions?
<input type="checkbox"/>	Reconnect ancillary functions (off site connections)?
<input type="checkbox"/>	Reconnect signal power?
<input type="checkbox"/>	Advise fire department the testing is completed?
<input type="checkbox"/>	Ensure that the alarm system is functional?

Comments

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent

Inspection, Testing and Maintenance of Fire Alarm Systems

Date

Building Name

“√” Yes - Tested correctly “X” No - Did not test correctly (Explain NO answers in comments)
“NA” Not applicable

Control Unit Tests

- Power on visual indicator?
- Common visual trouble signal?
- Common audible trouble signal?
- Trouble signal silence switch?
- Main Power supply failure trouble signal?
- Ground fault tested on positive and negative trouble signal
- Alert signal operation?
- Alarm signal operation?
- Automatic transfer from Alert signal to Alarm signal?
- Acknowledge switch operation?
- Alarm signal silence inhibit?
- Alarm signal silence operation?
- Alarm signal silence visual indication?
- Alarm signal when silenced automatically reinstate on subsequent alarm?
- Alarm signal silence automatic cut-out timer?
- Input circuit alarm and supervisory operation including visual indicator?
- Input circuit trouble operation?
- Output circuit alarm operation?
- Output circuit trouble operation?
- Visual indicator test (lamp test)?
- Coded signal sequence operate not less than the required number of times and the correct alarm signal thereafter.
- Coded signal sequences are not interrupted by subsequent alarms?
- Input circuit to output circuit operation including ancillary device, for correct matrix operation
- Reset operation?
- Main power to emergency power supply transfer?
- Data communications link (DCL) supervision & operation
- Control unit interconnection to monitoring station?

Control Unit Inspection

- Input circuit designations, correctly identified in relation to connected field devices
- Output circuit designations correctly identified in relation to connected field devices.
- Designations for common control functions & indicators
- Cabinet, plugin components and modules securely in place
- Plugin cables securely in place
- Record date, revision and version of Firmware & software
- Date: _____ Rev: _____ Ver: _____
- Cleanliness?
- Fuses in accordance with MFGs specification
- Control Unit lock
- Termination points from wiring to field devices secure

Annunciator Inspection & Tests

- Power on indicator?
- Individual alarm and supervisory zone indication?
- Individual alarm and supervisory zone indication labels?
- Common trouble signal?

Annunciator con't

- Visual indicator test - Lamp test?
- Input wiring from control unit is supervised?
- Alarm signal silence visual indicator?
- Switches for ancillary function operate as intended?
- Other ancillary function visual indicators?
- Manual activation of alarm signal and indication?
- Power Supply Inspection**
- Fused with mfgs marked rating of the system?
- Adequate to meet the requirements of the system?
- Remote Trouble Unit Tests and Inspection**
- Input wiring from control unit is supervised?
- Visual trouble signal?
- Audible trouble signal?
- Audible trouble signal silence?
- Battery Tests and Inspection**
- Battery type as recommend by manufacturer?
- Correct rating as determined by battery calculations on full system load?
- Battery voltage main power on? _____ Vdc?
- Battery voltage and current with main power supply “off” and fire alarm in supervisory condition?
voltage _____ Vdc Current _____ mA
- Battery voltage and current with main power supply “off” and fire alarm in full load?
voltage _____ Vdc Current _____ mA
- Charging current is _____ mA
- Inspected for physical damage?
- Terminal cleaned and lubricated?
- Terminals clamped tightly?
- Correct Electrolyte level?
- Specific gravity within mfg specifications?
- Electrolyte leaks?
- Adequately ventilated?
- Within manufacturer’s rated life date code?
- Disconnection causes trouble signal?
- Perform battery tests demonstrating specified battery operation as in Appendix “F”
- (1) Full load operation A-F1
- (2) Silent test A-F2
- (3) Silent accelerated test A-F3
- Generator Power Supply**
- Provides power to AC circuit serving the fire alarm?
- Trouble condition at the em gen shall result in an audible common trouble signal and a visual indication at the required annunciator?
- Remote Trouble Inspection and Testing**
- (1) input wiring from control unit is supervised/
- (2) Visual trouble signal?
- (3) Audible trouble signal?
- (4) Audible trouble signal silence feature?

Inspection, Testing and Maintenance of Fire Alarm Systems

Individual Device Record

Date:	<input type="checkbox"/> Annual Inspection	Page _____ of _____
Building Name:	Address:	

A. Correctly installed. B. Requires Service, Repairs, missing, or cleaning C. Alarm operation confirmed	D. Annunciator indication confirmed. E. Circuit number or address F. Supervision and ground fault detection G. Smoke detector sensitivity testing
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“√” Yes - Acceptable “X” No – Unacceptable (Explain NO answers in comments) “NA” Not applicable

Device	Location	A	B	C	D	E	F	G	Remarks

Note: Confirmation of wiring supervision to each individual device is only required during an initial inspection and test or verification, and is not required at the annual test.

M. Manual Pull station	DS Duct smoke detector	B Bell	AD Ancillary device
HT Heat detector, non restorable	SFD Supporting field device - monitor	H Horn	ET Emergency Telephone
RHT Heat detector, Restorable	FS Sprinkler flow switch	V Visual signal appliance	--- Other supervisory devices
S Smoke detector	SS Sprinkler supervisory device	SP Cone type speaker	--- Other type of detector
RI Remote indicator unit	EM Fault isolation module	HSP Horn type speaker	

Inspection, Testing and Maintenance of Fire Alarm Systems

Date	Building Name
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Device Testing – Legend and Notes

Device	Description	Type	Model No.
M	Manual Pull station		
HT	Heat detector, non restorable (Note 9)		
RHT	Heat detector, Restorable (Note 9)		
S	Smoke detector (Note 1, 2 & 9)		
RI	Remote indicator unit		
DS	Duct smoke detector (Note 1, 3 & 9)		
SFD	Supporting field device (monitor)		
FS	Sprinkler flow switch (Note 4)		
SS	Sprinkler supervisory device (Note 5)		
EM	Fault isolation module		
B	Bell		
H	Horn		
V	Visual signal appliance		
SP	Cone type speaker		
HSP	Horn type speaker		
AD	Ancillary device (Note 8)		
ET	Emergency Telephone		
---	Other supervisory devices (Notes 6 & 7)		
---	Other type of detector		

Note 1. Smoke detector sensitivity measurement and cleaning date should be recorded in the remarks column.

Note 2. Status change, including time delay, should be recorded in the remarks column.

Note 3. Duct smoke detector pressure differential should be confirmed and recorded in the remarks column.

Note 4. Time delay setting of water flow switch should be recorded in the remarks column.

Note 5. Sprinkler supervisory switches cause trouble condition to be annunciated but not an alarm condition.

Note 6. Upper and lower pressure setting of supervisory devices should be recorded in the remarks column.

Note 7. Low temperature setting should be recorded in the remarks column.

Note 8. Identify the specific ancillary devices in the remarks column.

Note 9. Identify date fire detector was changed.

Caution: The tests reported on this form do not include the actual operational test of ancillary devices.

SCHEDULE D

Inspection, Testing and Maintenance of Fire Sprinkler Systems

Service Company	Date of Service:		Time:	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"/>
	Manufacturer:			Model #:
Building Name:	Contact Person:		Phone:	
Address:	Owner:		Fax:	
City:	Postal Code:	Central Station:		Phone:
				Fax:

Summary of Tests in accordance with the BC Fire Code and referenced documents

System	#1	#2	#3	#4	#5	#6
Wet						
Dry pipe partial test						
Dry pipe full flow test						
Deluge						
Preaction						
Other						
Area of coverage						
Size (gallons)						
Manufacturer						
System Water Pressure						
Supply Water Pressure						
System Air Pressure						
Trip Pressure						
Trip Time						

Comments:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment is tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent

Inspection, Testing and Maintenance of Fire Sprinkler Systems

Date: _____ Building Address _____

Important: All inspection and testing items on this form shall be done during the Annual Inspection unless otherwise documented in writing.

Inspections

“√” - Yes - Satisfactory “X” - NO Unsatisfactory “NA” - Not applicable (No answers explain in Comments)

Daily / weekly if low temperature alarms are installed.

_____ (a) Enclosures - dry-pipe or deluge valves maintaining 40F/4C?

Weekly

_____ Relief port on reduced pressure backflow prevention assemblies are free from discharge?

Weekly items which can be performed monthly if supervised or locked.

_____ Gauges on dry, preaction 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?

Monthly Inspection items.

_____ Preaction and deluge valves inspected externally & free from damage?

_____ Trim valves in open or closed position & no leakage at valve seat?

_____ 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 Supervised)

_____ Control valves shall be inspected?

_____ Alarm valves shall be inspected externally?

2 Month inspection item.

_____ (a) Inspect electrically supervised valves?

Quarterly inspection items

_____ Alarm devices inspected to verify they are free from physical damage?

_____ Hydraulic name plate to ensure it is attached to sprinkler riser?

_____ Pressure regulating control valves shall be inspected?

_____ Sprinkler pressure regulating & control valves shall be inspected?

_____ Fire department connection?

Annual inspection items.

_____ 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?

_____ Preaction/deluge valves shall be inspected internally?

_____ Interior of dry-pipe , preaction, deluge valves internal inspection?

Fifth year inspection items.

_____ Alarm valves & strainers, filters and restriction orifices passed internal inspection?

_____ Preaction/deluge valve and their associated strainers, filters and restriction orifices pass internal inspection?

_____ Drypipe 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 , preaction, deluge valves internal inspection?

Testing

Tests

2 Month Tests

_____ Water flow actuated devices shall be tested?

Quarterly

_____ 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 mfgs requirements?

_____ Preaction/deluge valves (supervised) priming water tested?

_____ Alarm device, test on drypipe, preaction or deluge system using bypass?

_____ Inspectors test connection opened? (wet pipe when not freezing)

_____ Bypass connection opened? (wet pipe in freezing dry pipe, preaction and deluge)

_____ Waterflow alarms passed tests?

_____ Dry pipe valves/Quick opening devices (supervised) priming water tested for compliance with manufacturers' instructions?

_____ Quick opening devices passed test?

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?

_____ Specific gravity of antifreeze correct?

_____ All control valves operated thru full range and returned to normal?

_____ Pressure regulating valve shall pass a full flow test.

_____ Backflow prevention assemblies pass test accept by local authorities?

_____ 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, preaction and deluge valve enclosure passed test?

_____ Main Drain test shall be conducted on each system riser?

_____ Record Static pressure _____psi/kpa?

_____ Residual pressure _____psi/kpa?

_____ Are results comparable to previous tests?

Inspection, Testing and Maintenance of Fire Sprinkler Systems

Date: _____ Building Address _____

Tests Continued

“√“ Yes - Satisfactory “X” - NO Unsatisfactory “NA” - Not applicable (No answers explain in comments)

Preaction and deluge valve full flow trip test: (except where water cant be discharged) Test all systems simultaneously Water discharge from all nozzles unimpeded?

- Pressure reading at hydraulically most remote nozzle _____ psi/kpa? Residual pressure reading at valve _____ psi/kpa? Was flow observed? Are above readings comparable to design values? Manual activation devices passed test? Automatic air pressure maintenance devices passed test?

Dry pipe valve partial flow trip test?

- Record initial air pressure _____ psi/kpa? Water pressure _____ psi/kpa? Record tripping air pressure _____ psi/kpa? Record tripping time _____ sec? Are the results comparable to previous test?

- Auto air maintenance devices on drypipe & preaction passed test? Backflow devices passed backflow test? All sprinkler pressure regulating control valves passed full flow test?

Dry-pipe full flow trip test to be done every 3rd year.

- Record initial air pressure _____ psi/kpa? Record Water pressure _____ psi/kpa? Record tripping air pressure _____ psi/kpa? Record tripping time _____ sec? Was water delivered to inspectors test connection? Are above results comparable to previous tests?

Tests to be done every fifth year.

- Extra High, Very Extra High and Ultra High Temp sprinklers tested? Gauges checked against calibrated gauge or replaced?

Maintenance

Regular Maintenance Items.

- If sprinklers have been replaced, were they proper replacements? 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? If any of the following were discovered, was an obstruction investigation conducted and the system flushed? 1. Defective intake screen for pumps taking suction from open Sources? 2. Obstructive material discharged during waterflow tests? 3. Foreign materials found in dry-pipe valves, check valves or Pumps? 4. Heavy discoloration of water during drain test or plugging of Inspectors test connection? 5. Plugging of sprinklers found during activation or alteration? 6. Plugging found in piping dismantled during alterations?

- Failure to flush yard piping or surrounding public mains following new installation or repairs? Record of broken mains in the vicinity? Abnormally frequent false tripping of dry-pipe valves? System is returned to service after an extended period of service? There is reason to believe the system contains sodium silicate?

Annual Maintenance Items

- Operating stem of all OS&Y valves lubricate, completely closed. and reopened and lubricated.? Interior of dry-pipe, preaction and deluge valves cleaned? Low points drained in dry pipe, preaction & deluge systems prior to freezing weather? Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replaced except for bulb-type which show no sign of grease buildup?

SCHEDULE E

Inspection, Testing and Maintenance of Standpipe and Hose Systems

Service Company	Date of Service		Time	Last Service Date
	<input type="checkbox"/> Weekly	<input type="checkbox"/> Quarterly		<input type="checkbox"/> Third year
	<input type="checkbox"/> Monthly	<input type="checkbox"/> Annual		<input type="checkbox"/> Fifth year
	System in service on inspection?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	Fire department connections?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Building Name:	Control valves locked/tamper open?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
Address:	System equipped with a flow switch?	<input type="checkbox"/> Yes		<input type="checkbox"/> No
City:	Postal Code:	Fire pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owner:	Phone:	Jockey pump?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Fax:	Pressure regulating devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Shut off nozzles provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Length of hose provided _____	Supply Water gauge _____	psi/kpa
		Hose line or unlined _____	System Water gauge _____	psi/kpa
		Contact Person:	Phone:	
			Fax:	

Owners Section	Yes	No	N/A
A. Is the building fully sprinklered?			
B. Is the building occupied?			
C. Has the occupancy classification & hazard of contents remained the same?			
D. Are all fire protection systems in service?			
E. Have modifications been done since last inspection?			
F. Was the system free of actuations of devices or alarms since last inspection?			

System Class **Class I** **Class II** **Class III**

Inspections

“√” Yes - Satisfactory “X” No - Unsatisfactory (explain NO answers in comments). N/A - Not applicable

- | | |
|--|---|
| <p>Inspections</p> <p>Weekly or Monthly (if supervised)</p> <p>_____ Control Valves shall be inspected?</p> <p>_____ Backflow Prevention Assembly - OS&Y valves are in normal position?</p> <p>_____ Reduced pressure assembly valves shall be inspected?</p> <p>Quarterly</p> <p>_____ Hose connection Pressure Regulating Valves shall be inspected?</p> <p>_____ Handwheel is not broken or missing?</p> <p>_____ Outlet hose threads are not damaged?</p> <p>_____ There are no leaks?</p> <p>_____ Reducer and cap are not missing?</p> <p>Hose Rack Assembly Pressure Regulation Valve</p> <p>_____ Handwheel is not broken or missing?</p> <p>_____ There are no leaks?</p> <p>_____ Fire department connection acceptable?</p> <p>Piping</p> <p>_____ Piping undamaged?</p> <p>_____ Control valves undamaged?</p> <p>_____ No missing or damaged pipe support devices?</p> <p>_____ Supervisory devices undamaged?</p> <p>Hose Connections</p> <p>_____ Cap in place?</p> <p>_____ Fire hose connection undamaged?</p> <p>_____ Valve handles in place?</p> <p>_____ Cap gaskets in place and in good condition?</p> <p>_____ Restricting orifice in place?</p> | <p>_____ Manual, semiautomatic, or dry standpipe valve operates smoothly?</p> <p>Annual Inspection Items</p> <p>Hose</p> <p>_____ Free from mildew, cuts and deterioration?</p> <p>_____ Couplings of compatible threads and undamaged?</p> <p>_____ Gaskets in place and in good condition?</p> <p>_____ Hose connected?</p> <p>_____ Hose test not outdated?</p> <p>Nozzles</p> <p>_____ Nozzles & gaskets in place and good condition?</p> <p>_____ No visible obstructions?</p> <p>_____ Nozzles operate smoothly?</p> <p>_____ Nozzle is intact with no parts missing?</p> <p>_____ Full operation of adjustments such as pattern selection etc?</p> <p>Hose Storage Devices</p> <p>_____ Hose properly racked or rolled?</p> <p>_____ Nozzle clips in place and nozzles contained?</p> <p>_____ Devices undamaged, unobstructed and operable?</p> <p>_____ Will racks swing out of the cabinet at least 90deg?</p> <p>Storage Cabinets</p> <p>_____ Cabinets have no corroded or damaged parts?</p> <p>_____ Cabinets easy to fully open?</p> <p>_____ Door glazing in good condition?</p> <p>_____ Locks functioning in break-glass type cabinets?</p> <p>_____ Cabinets accessible and identified?</p> <p>_____ All parts, valves, hoses and fire extinguishers accessible?</p> <p>_____ Adequate heat available to areas where wet pipe is located?</p> |
|--|---|

Inspection, Testing and Maintenance of Standpipe and Hose Systems

Tests

Quarterly

- Waterflow alarms passed test and provide correct annunciation?
- Valve supervisory switches indicate movement?
- Control valves shall be opened until spring or torsion is felt in the rod?
- Jockey pump operational and in good condition?

Annual Tests

- Hose nozzle?
- Hose storage device?
- Control valves shall be operated through its full range and returned to normal?
- Main Drain test shall be conducted on each system riser?
- Record Static pressure _____psi/kpa?
- Record Residual pressure _____psi/kpa?
- Are results comparable to previous tests?

- Backflow prevention assembly shall be tested at the design flow?

3 Year Tests

- Hose?

5 Year Tests

- Hose?
- Hose Connection Pressure Regulating Valve passed flow test?
- Hose Rack Assembly Pressure Regulating Valve passed flow test?
- Hydrostatic Test at not less than 200psi for 2 hours or at 50psi in excess of maximum pressure?
- Flow Test - by flowing the required volume of water at design pressure to the hydraulically most remote, highest, or dead end hose connection of each zone?
- Check-valves internally inspected and all parts operate properly, move freely and are in good condition?

Maintenance

Annual

- Nozzles - open and close and lubricate if necessary?
- Swing out Racks - lubricate and ensure proper operation?
- Hose racked?

- Control Valves - OS&Y stems shall be lubricated?
- Hose connections?

5 Year

- Check valves internally inspected and operating properly?

Standpipe Hydrostatic and Flow Test

Initial Test Pressure?	Start time?
End test pressure?	End time?

Flow Test	
Static pressure?	Residual Pressure?
Nozzle diameter?	Pitot pressure?
Flow	

Comments:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent

