

ACCEPTANCE TEST CHECKLIST

Date Documents Submitted: _____

Log No.: _____

File No.: _____

Plan Examiner: _____

Date of Approval: _____

Permit No.: _____

Property Information

Building Name: _____

Building Address: _____

Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Fax: _____ E-mail: _____

System Designer/Contractor

Company Name: _____

Company Address: _____

Contact Person (Designer): _____

Designer Qualifications: _____

Phone: _____ Fax: _____ E-mail: _____

General

- Yes No NFPA 13 used in the system design and installation (If no, utilize NFPA 13D or 13R checklist)
- Yes No A copy of the AHJ-approved plans on-site
- Yes No Actual occupancy type matches the occupancy specified on the approved plans
- Yes No Actual fire sprinkler occupancy hazard classification matches fire sprinkler occupancy hazard specified on the approved plans
- Yes No Actual construction type matches construction type specified on the approved plans
- Yes No Actual scope of work matches scope of work on the approved plans

Sprinkler Type and Coverage

Type of sprinkler system:

- Wet Dry Preaction Deluge

- Yes No Sprinklers omitted in some areas (combustible concealed spaces, etc.)
- Yes No If yes, omissions allowed per NFPA 13 Omitted area(s) _____
- Yes No Spare sprinklers provided
- Yes No Sprinkler wrench provided for each type of sprinkler
- Yes No Area of coverage matches approved plans

Fire Pump

- Yes No N/A Fire pump provided
- Yes No Gallon per minute and pressure rating of pump match the approved plans



Type of fire pump:

- Electric Diesel Gasoline LPG/LNG Steam

Yes No Fire pump acceptance test conducted in accordance with NFPA 20

Documentation

Yes No Literature, instructions, and manual provided to owner

Yes No Copy of NFPA 25, *Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems*, provided to owner

Yes No Contractor’s material and test certificate for aboveground piping form received, filled out, and signed

Yes No Contractor’s material and test certificate for underground piping form received, filled out, and signed

Hydraulic Design Information Sign

Yes No Hydraulic design information sign provided at valve

Sign provides the following:

Yes No Permanently marked weatherproof metal or rigid plastic sign secured with corrosion-resistant wire, chain, or other approved means

Yes No Location of the design area or areas

Yes No Discharge densities over the design area or areas

Yes No Required flow and residual pressure demand at the base of the riser

Yes No Occupancy classification or commodity classification and maximum permitted storage height and configuration

Yes No Hose stream demand and sprinkler demand

Underground Flush and System Hydrostatic Test

Yes No System underground flushed at the required rate of flow prior to connection of sprinkler piping

Yes No Hydrostatic test of the system performed

System working pressure: _____ psi

Hydrostatic test pressure: _____ psi

Hydrostatic test duration: 2 hours Other _____

If “Other,” why? _____

Yes No System passed hydrostatic test

If no, why? _____

Dry Pipe and Double Interlock System Air Test

Yes No N/A 24-hour 40 psi air test conducted

Yes No N/A System passed the air test

Yes No N/A Water or air leaks noted on the system

If yes, where: _____

Sprinkler Component Information

Yes No All pipe sizes match the approved plans and calculations

Yes No All pipe lengths match the approved plans and calculations

Yes No All other component information provided during plan review matches what was found during acceptance test

If no, why: _____

Yes No Sprinkler heads in place per the approved plan



- Yes No Sprinkler heads oriented properly relative to obstructions
- Yes No All hangers, sleeves, braces, and methods of securing sprinklers in proper position and connected
- Yes No All control valves, check valves, drain pipes, and test connections tested for proper operation
- Yes No N/A Standpipe risers, hose outlets, hand hose, monitor nozzles, and related equipment in proper location and operational
- Yes No N/A Pressure-reducing valves in place and tested
- Yes No N/A Backflow preventer valves in place and tested
- Yes No N/A Manual activation means tested
- Yes No Main drain test performed
- Yes No N/A Dry pipe valve room heated
- Yes No All test blanks and disks removed and accounted for

Fire Department Connection(s)

- Yes No Fire department connection(s) identified
- Yes No Caps in place for each inlet
- Yes No Connections accessible

Alarms

- Yes No Water motor gong or electric bell working properly
- Yes No N/A Fire alarm system connection (if required) completed
- Yes No Waterflow detecting devices tested and operational
- Yes No Waterflow detected within 5 minutes
- Yes No Supervisory switches and alarms tested and operational

Approval

Inspector: _____ Date: _____

Approved Yes No

If no, reason(s):

Notes: