

**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 13R used in the system design and installation (If no, utilize NFPA 13 or 13D 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 construction type matches construction type specified on the approved plans
- Yes  No Actual scope of work matches the scope of work on the approved plans

**Sprinkler Type and Coverage**

Type of sprinkler system:  Wet  Dry  Anti-freeze  Pre-engineered

Yes  No Sprinklers omitted in some areas (combustible concealed spaces, etc.)

Yes  No If yes, omissions allowed per NFPA 13R

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    Sprinkler demand specified

**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    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 the 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 preventor 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     N/A    All test blanks and disks removed and accounted for
- Yes     No                    Pressure gauges installed on the supply and system

**Fire Department Connection(s)**

- Yes     No     N/A    Fire department connection(s) identified
- Yes     No     N/A    Caps in place for each inlet
- Yes     No     N/A    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 alarm detected within 5 minutes
- Yes     No                    Supervisory switches and alarms tested and operational

**Approval**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Approved     Yes     No

If no, reason(s):

**Notes:**