

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 13D used in the system design and installation (If no, utilize NFPA 13 or 13R checklist)
- Yes No A copy of the AHJ-approved plans on-site
- Yes No Actual occupancy type matches occupancy type 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 Anti-freeze Pre-engineered

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

Yes No If yes, omissions allowed per NFPA 13D

Yes No Area of coverage matches approved plans

Documentation

Yes No Literature, instructions, and manual provided to owner

Hydrostatic Test

Yes No N/A Where no fire department connection on the system, a hydrostatic test of the system performed at normal operating pressure

Yes No N/A Where a fire department connection on the system, hydrostatic test of the system performed in accordance with the requirements of NFPA 13

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 passes 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 Pressure-reducing valves in place and tested
- Yes No N/A Backflow preventor valves in place and tested
- Yes No A 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 N/A Where a dry system installed, a pressure gauge provided to indicate system air pressure
- Yes No N/A Where a pressure tank used for the water supply, a pressure gauge installed to indicate the tank pressure

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 N/A Water motor gong or electric bell working properly
- Yes No N/A Fire alarm system connection completed
- Yes No N/A Waterflow detecting devices tested and operational
- Yes No Supervisory switches and alarms tested and operational



Approval

Inspector: _____ Date: _____

Approved Yes No

If no, reason(s):

Notes:

