



# El Reno Fire Department

## Sprinkler "Pre-Acceptance" Test Checklist

This **Pre-Inspection Checklist** is provided to assist you in verifying readiness for the field inspection and acceptance tests. Please contact our office with any questions. **405-262-2949**. **These items must be completed before final inspection is scheduled.**

PROPERTY INFORMATION		
Building Name:		
Building Address:		
SYSTEM CONTRACTOR/INSTALLER		
Company Name:		
Company Address:		
Responsible Person ( <i>Contractor and/or Installer</i> ):		
Phone #:	Fax #:	Email:
REQUIRED ACCEPTANCE TEST		
HYDROSTATIC TESTS		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1. All piping hydrostatically tested at not less than 200 psi for 2 hours, <u>or</u> 50 psi above static test in excess of 150 psi for 2 hours?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2. Piping shall be "air tested" @ 40 psi for 24 hours with a drop not to exceed 1.5 psi ( <i>Dry Systems</i> )	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3. Piping between the exterior fire department connection and the check valve (backflow prevention device) shall be tested in the same manner as Item #1 or #2.	
SYSTEM OPERATIONAL TESTS		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4. <b>Waterflow Detecting Devices (and alarm circuits)</b> flow tested through inspector's test connection and shall result in audible alarm on the premises within 5 minutes after flow begins. ( <i>Wet Systems</i> )	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5. <b>Working test of the dry pipe valve &amp; quick-opening device (if applicable)</b> shall be made by opening inspector's test connection and measure the time to trip the valve from the time the inspector's test valve is completely opened. ( <i>Dry Systems</i> )  <u>Maximum Volume is 750 gallons</u> ; unless a 60 second water delivery is achieved from time valve opened to water flow. ( <i>NFPA 13:4-2.3, 2016 Edition</i> )	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	6. <b>Pre-Action Systems</b> shall be tested in accordance with manufacturer's instructions ( <i>where applicable</i> )	
<input type="checkbox"/> Yes <input type="checkbox"/> No	7. <b>Main Drain Valves</b> shall be opened and remain opened under system pressure until the system pressure stabilizes, and static and residual pressures shall be recorded.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	8. <b>Main Sprinkler Water Drain Discharge</b> to the exterior of building or to a minimum 6 inch interior drain?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	9. <b>Operating Test for Control Valves</b> shall be fully closed and opened under system water pressure.	

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10. <b>Pressure Reducing Valves</b> shall be tested upon completion of installation to ensure proper operation under flow and no flow conditions, and verify that device properly regulates outlet pressure at both maximum and normal inlet pressure conditions. <i>(If applicable)</i> .
<input type="checkbox"/> Yes <input type="checkbox"/> No	11. <b>Backflow Prevention Assemblies</b> shall be <u>forward flow tested</u> to ensure proper operation, and the minimum flow rate shall be the system demand and include hose stream allowance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	12. <b>Prior to conducting Final Acceptance Test</b> , the following items shall be inspected: <ul style="list-style-type: none"> <li>- Size, placement, and position of nozzles or discharge orifices</li> <li>- Location of Audible and Visual alarm devices (Horns and Strobes) <b>(IBC 907.5)</b></li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No	13. A <b>special sprinkler wrench</b> and a <b>stock of spare sprinklers</b> kept in a cabinet and consisting of: <ul style="list-style-type: none"> <li>- All types and ratings of sprinkler nozzles located throughout the facility;</li> <li>- With at least six (6) spare sprinklers.</li> </ul>

#### HYDRAULIC DESIGN INFORMATION SIGN

<input type="checkbox"/> Yes <input type="checkbox"/> No	14. A permanently marked weatherproof metal or rigid plastic sign secured with corrosion resistant wire, chain, or other approved provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	15. The sign shall include the following information: <ul style="list-style-type: none"> <li>- Location of Design Area(s)</li> <li>- Discharge Densities over the Design Area(s)</li> <li>- Required Flow and Residual Pressure Demand at the Base of Riser</li> <li>- Occupancy Classification <i>or</i> (<i>Commodity Classification &amp; Maximum permitted storage height and configuration</i>)</li> <li>- Hose Stream Allowance</li> <li>- The Name of the Installing Contractor</li> </ul>

#### GENERAL INFORMATION SIGN

<input type="checkbox"/> Yes <input type="checkbox"/> No	16. A permanently marked weatherproof metal or rigid plastic sign secured with corrosion resistant wire, chain, or other approved provided?
<input type="checkbox"/> Yes <input type="checkbox"/> No	17. The sign shall be placed at each system control riser and shall include the following: <ul style="list-style-type: none"> <li>- Name and location of the facility protected</li> <li>- Presence of high-piled and/or rack storage</li> <li>- Maximum height of storage planned</li> <li>- Aisle width planned</li> <li>- Commodity Classification</li> <li>- Encapsulation of pallet loads</li> <li>- Presence of solid shelving</li> <li>- Flow Test Data</li> <li>- Presence of flammable/combustible liquids</li> <li>- Presence of hazardous materials</li> <li>- Presence of other special storage</li> <li>- Location of auxiliary drains and low point drains</li> <li>- Original results of main drain flow test</li> <li>- Name of installing contractor or designer</li> <li>- Indication of presence and location of antifreeze or other auxiliary systems.</li> </ul>

**ALARM SYSTEM SUPERVISION**

Name of Monitoring Station:	Contact:
Address:	Phone #:
Fax#:	Email :

**DOCUMENTATION REQUIRED AT FINAL**

<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> Yes	<input type="checkbox"/> No

18. Contractor's Material and Test Certificate for Aboveground Piping

19. Stamped, approved plans and plan review comments **must** be available on site for inspection.

**Owner or General Contractor**

I certify that the information provided in this document is true and accurate.

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(Printed Name)

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(Signature)

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(Date)

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(Company Name)

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(Email and Phone Contact)

**DISCLAIMER:** This list is not all-encompassing due to the extensive list of adopted codes. The inspector shall document ALL fire and Life Safety violations and require corrections when any are discovered during an inspection.