



Stamford Public Schools

EXCELLENCE IS THE POINT.

To: All Bidders
From: Ryan Fealey, Director of Finance
Date: May 18, 2020
Re: RFP 20-06 Fire Sprinkler, Fire Extinguishers, Kitchen Hood/Ansul Systems

ADDENDUM 1

VENDOR QUESTIONS & ANSWERS FOR RFP 20-06

1. Can we have access to previous sprinkler and ansul inspection reports so we can see the type and number of systems we will bid on?
Yes, see attached.

Please note there's no report for Strawberry Hill and Westover School because of being under construction.

QUARTERLY TESTINGS

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970193
 Address 1300 Newfield Avenue Stamford CT 06905
 Report For Davenport Ridge Elementary School
 Date of Inspection 02/18/2020 07:30am EST
 Inspector Name Sage Carpenter, AJ Valley

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification & hazard of contents remained the same since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the system remained in service without modification since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Was the system free of actuations of devices or alarms since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date Unknown
- F. Date of Last Pressure Reducing Valve Test
Date N/a
- G. Date of Last Standpipe Flow Test
Date N/a
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date N/a

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 115 PSI & Residual Pressure 45 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 2/17/2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2012</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/26/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI			
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/a</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/a</u>			
Q. Date of Last Backflow devices tested? Date <u>6/19/19</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>11/17</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Bfv	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	1/2	Osy/ bfv	Yes	Yes	No	Yes	
Sectional Control Valves	4	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Bfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source Ok City ___ Tank ___ Pump ___

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Main drain	2"	55	45
This Waterflow Test	2/18/2020	Main drain	2"	110	45

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Notifier

Comments, adjustments and/or corrections made during this inspection

Last 5yr hydrostatic test of fdc is unknown

Authorized Signature *Sage Carpenter* Inspector Name Sage Carpenter, AJ Valley
 Date 2/18/2020 License No. _____

Is a separate form being used for multiple valves?

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

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970154
 Address 61 Adams Avenue Stamford CT 06902
 Report For Hart Magnet Elementary School
 Date of Inspection 02/14/2020 07:30am EST
 Inspector Name Albert Valley, Milton Gleason

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification & hazard of contents remained the same since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the system remained in service without modification since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Was the system free of actuations of devices or alarms since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>		
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>		
3. Accessible?	<input checked="" type="checkbox"/>		
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>		
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>		
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>		
2. Free from physical damage?			<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?			<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?			<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>		
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>		
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?		<input checked="" type="checkbox"/>	
6. Check valve is not leaking?	<input checked="" type="checkbox"/>		
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>		
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>		
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>		
4. Free of physical damage?	<input checked="" type="checkbox"/>		
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>		
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>		
3. No external corrosion?	<input checked="" type="checkbox"/>		
4. Free from physical damage?	<input checked="" type="checkbox"/>		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 4/2014
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 105 PSI & Residual Pressure Ice PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 10/2019
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>6/2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>5/2017</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By others 4/2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>9/2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Osybfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Riser	2"	90	70
This Waterflow Test	02/14/20	No flow	Due to	Ice	Conditions

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Est _____

Comments, adjustments and/or corrections made during this inspection
5th year o/l overdue

Authorized Signature *Albert Valley* Inspector Name Albert Valley, Milton Gleason
Date 02/14/2020 License No. 41559

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970177
 Address 123 Ridgewood Avenue Stamford CT 06907
 Report For Toquam Magnet School
 Date of Inspection 02/14/2020 02:15pm EST
 Inspector Name Sergio Cefaloni

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

A. 1.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. 2.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. 3.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. 2.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
B. 3.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
C.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
----	-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?			✓
2. Free from physical damage?			✓
3. Valves in appropriate (open/closed) position?			✓
4. No leakage from retarding chamber of alarm drains?			✓
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 8-25-16
- F. Date of Last Pressure Reducing Valve Test
Date _____
- G. Date of Last Standpipe Flow Test
Date _____
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Unknown

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 80 PSI & Residual Pressure 70 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date 4-19-19 _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced 2016 _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	3	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Bfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Yes	Yes	No	No	Backflow
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-24-19	Riser	2	85	70
This Waterflow Test	2-14-20	Riser	2	80	70

Total Number Of Systems At This Location 4

This Is System Number 1-4

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
FCI & EST

Comments, adjustments and/or corrections made during this inspection

Trouble in FCI fire panel

No documentation for FDC Hydro Test (can't see check valve)

Authorized Signature _____ Inspector Name Sergio Cefaloni

Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

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

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970202
 Address 19 Horton Street Stamford CT 06902
 Report For KT Murphy School
 Date of Inspection 02/14/2020 07:30am EST
 Inspector Name Sergio Cefaloni

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 9-30-19
- F. Date of Last Pressure Reducing Valve Test
Date _____
- G. Date of Last Standpipe Flow Test
Date 4-11-17
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date 9-10-19

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 55 PSI & Residual Pressure 40 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?
Date _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>4-16-19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	1	Bfv	Yes	Yes	No	Yes	
System Control Valves	1	Osy	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-27-19	Riser	2	55	40
This Waterflow Test	2-14-20	Riser	2	55	40

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST2

Comments, adjustments and/or corrections made during this inspection

Authorized Signature _____ Inspector Name Sergio Cefaloni

Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970168
 Address 345 Pepper Ridge Road Stamford CT 06905
 Report For Newfield Elementary School
 Date of Inspection 02/14/2020 02:30pm EST
 Inspector Name Albert Valley, Milton Gleason

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 2-13-15
- F. Date of Last Pressure Reducing Valve Test
Date _____
- G. Date of Last Standpipe Flow Test
Date _____
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date _____

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 90 PSI & Residual Pressure 25 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>8/16/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2015</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy piv	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osy bfv	Yes	Yes	No	Yes	
Sectional Control Valves							
System Control Valves	4	Osybfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Ball	Yes	Yes	No	Yes	
Test Header							
Bypass	2	Bfv	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source ___ City ___ Tank ___ Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-19	Riser	2	90	Fc
This Waterflow Test	02-14-2020	Riser	2	90	35

Total Number Of Systems At This Location 3

This Is System Number 1-3

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Est _____

Comments, adjustments and/or corrections made during this inspection

Authorized Signature *Albert Valley* Inspector Name Albert Valley, Milton Gleason
Date 02-14-2020 License No. _____

Is a separate form being used for multiple valves?

Yes
No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970172
 Address 82 Scofieldtown Road Stamford CT 06903
 Report For Northeast Elementary School
 Date of Inspection 02/18/2020 09:00am EST
 Inspector Name Sage Carpenter, AJ Valley

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification & hazard of contents remained the same since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the system remained in service without modification since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Was the system free of actuations of devices or alarms since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date Unknown
- F. Date of Last Pressure Reducing Valve Test
Date N/a
- G. Date of Last Standpipe Flow Test
Date N/a
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date N/a

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 170 PSI & Residual Pressure 75 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 2/18/2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>Other</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>1/9/20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Osy	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source Ok City ___ Tank ___ Pump ___

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Main drain	2"	150	90
This Waterflow Test	2/18/2020	Main drain	2"	170	90

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model

Silent knight

Comments, adjustments and/or corrections made during this inspection

Last 5yr internal unknown

No fdc sign

Last 5yr hydrostatic test of fdc unknown

Authorized Signature *Sage Carpenter* Inspector Name Sage Carpenter, AJ Valley
 Date 2/18/2020 License No. _____

Is a separate form being used for multiple valves?

Yes
No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
203-250-1115 (Phone)
Ct. License F1-40797
Service@FireProtectionTesting.com

ServiceTrade Job No 17970227
Address 202 Blachley Road Stamford CT 06902
Report For Rogers International School
Date of Inspection 02/14/2020 10:00am EST
Inspector Name Sergio Cefaloni

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?			✓
2. Free from physical damage?			✓
3. Valves in appropriate (open/closed) position?			✓
4. No leakage from retarding chamber of alarm drains?			✓
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 2-16-15
- F. Date of Last Pressure Reducing Valve Test
Date _____
- G. Date of Last Standpipe Flow Test
Date _____
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Unknown

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 40 PSI & Residual Pressure 35 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/26/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6-21-19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>4-15-19</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2015</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osy/Bfv	Yes	Yes	No	Yes	
Sectional Control Valves							
System Control Valves	5	Bfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Bfv	Yes	Yes	No	No	
Test Header	2	Bfv	No	Yes	Yes	No	
Bypass	2	Osy/Bfv	No	Yes	Yes	No	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-27-19	Riser	2	40	30
This Waterflow Test	2-14-20	Riser	2	40	35

Total Number Of Systems At This Location 5

This Is System Number 1-5

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST2

Comments, adjustments and/or corrections made during this inspection
FDC Hydrostatic Test has no documentation.

12 Water and 1 Air gauge over 5 years old and should be replaced

Obstruction investigation should be done as well on wet systems

Authorized Signature _____ Inspector Name Sergio Cefaloni
Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970237
 Address 751 West Hill Road Stamford CT 06902
 Report For Roxbury Elementary School
 Date of Inspection 02/17/2020
 Inspector Name Mike Parillo

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 9/19
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 60 PSI & Residual Pressure Ice PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 2/20
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>Na</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>Na</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>9/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	3	Piv/Osy	Y	Y	N	Y	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	Osy	Y	Y	N	Y	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Riser	1.25	60	Ice
This Waterflow Test	2/17/20	Riser	1.25	60	Ice

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Est _____

Comments, adjustments and/or corrections made during this inspection
Manual trips on flow freezing conditions

Authorized Signature *Mike Parillo* Inspector Name Mike Parillo
Date 2/17/20 License No. FRP.0041105-F2

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970236
 Address 1127 Hope Street Stamford CT 06907
 Report For Springdale Elementary School
 Date of Inspection 02/17/2020 01:30pm EST
 Inspector Name *[Signature]*

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		✓
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 2-15-2018
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 75 PSI & Residual Pressure 50 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date Exercise 2-2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>B/O 4-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	OSY	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves							
System Control Valves	2	OSY/Bfly	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	1	OSY	Yes	Yes	No	Yes	Backflow
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-2019	Riser	2"	80	FC
This Waterflow Test	2-17-2020	Riser	2"	75	50

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST

Comments, adjustments and/or corrections made during this inspection
Accelerator out of service.

Dry piping fittings have been silicone.

No record of full trip on dry valve. Need to verify what's wet and dry piping before tripping.

Authorized Signature _____ Inspector Name Mark H. H.

Date _____ License No. F2-21771

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 04-2019
- F. Date of Last Pressure Reducing Valve Test
Date N/A
- G. Date of Last Standpipe Flow Test
Date 2018
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date N/A

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 60 PSI & Residual Pressure 45 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?
Date _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>12-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osy	Yes	Yes	No	Yes	
Sectional Control Valves	8	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Bfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	1	Osy	Yes	Yes	No	Yes	
Test Header	1	Bfv	No	Yes	Yes	Yes	
Bypass	2	Bfv	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-24-19	Main Drain	2"	55	45
This Waterflow Test	02-14-20	Main Drain	2"	60	45

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Edwards

Comments, adjustments and/or corrections made during this inspection

1) No record of a 5 year hydrostatic test for fire department connection.

Authorized Signature _____ Inspector Name Stephen Roy

Date 02-14-20 License No. 0041339

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970229
 Address 800 Stillwater Road Stamford CT 06902
 Report For Stillmeadow Elementary School
 Date of Inspection 02/14/2020 12:00pm EST
 Inspector Name Albert Valley, Milton Gleason

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification & hazard of contents remained the same since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the system remained in service without modification since previous inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E. Was the system free of actuations of devices or alarms since previous inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 2/2018
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 95 PSI & Residual Pressure 80 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 12/2019
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>Na</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle ____ PSI			
3. Residual pressure reading at valve ____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>8/16/19</u>			
Q. Date of Last Backflow devices tested? Date _____			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	2	Bfv	Yes	Yes	No	Yes	
System Control Valves	2	Osybfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/30/2019	Riser	2"	95	80
This Waterflow Test	02/14/2020	Riser	2"	95	80

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Est _____

Comments, adjustments and/or corrections made during this inspection

Authorized Signature *Albert Valley* Inspector Name Albert Valley, Milton Gleason
Date 02/14/2020 License No. 41559

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970184
 Address 11 West North Street Stamford CT 06902
 Report For Cloonan Middle School
 Date of Inspection 02/14/2020 10:15am EST
 Inspector Name Albert Valley, Milton Gleason

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
E.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?			✓
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?	✓		
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 10/2018
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date 4/2019
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 105 PSI & Residual Pressure 85 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 12/2019
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2008</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/26/2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI			
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>Na</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>Na</u>			
Q. Date of Last Backflow devices tested? Date <u>By others 4/2019</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2018</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	Osybfv	Yes	Yes	No	Yes	
Sectional Control Valves	13	Bfv	Yes	Yes	No	Yes	
System Control Valves	1	Bfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header	1	Bfv	Yes	Yes	No	Yes	
Bypass	2	Bfv	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/30/19	Riser	2"	105	85
This Waterflow Test	02/14/19	Riser	2"	105	85

Total Number Of Systems At This Location 1

This Is System Number 1

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST-3

Comments, adjustments and/or corrections made during this inspection
Dry pendants in cooler and freezer are dated 2008

Authorized Signature *Albert Valley* Inspector Name Albert Valley, Milton Gleason
Date 02/14/2020 License No. 41559

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970171
 Address 51 Toms Road Stamford CT 06906
 Report For Dolan Middle School
 Date of Inspection 02/14/2020 12:30pm EST
 Inspector Name Sergio Cefaloni

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?		✓	
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?			✓
2. Free from physical damage?			✓
3. Valves in appropriate (open/closed) position?			✓
4. No leakage from retarding chamber of alarm drains?			✓
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 4-16-14
- F. Date of Last Pressure Reducing Valve Test
Date _____
- G. Date of Last Standpipe Flow Test
Date _____
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Unknown

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 75 PSI & Residual Pressure 45 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?
Date _____

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6-26-19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI			
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date _____			
2. Date of Last Dry-pipe valve full waterflow trip test Date _____			
Q. Date of Last Backflow devices tested? Date <u>12-18-19</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2017</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve							
Tank Control Valves							
Pump Control Valves	2	Osy	Yes	Yes	No	Yes	
Sectional Control Valves							
System Control Valves	3	Osy	x2/No	Yes	x2/Yes	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Yes	Yes	No	Yes	Backflow Controls
Test Header	1	Osy	No	Yes	Yes	No	
Bypass	2	Bfv	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-30-19	Riser	2	145	45
This Waterflow Test	2-14-20	Riser	2	75	40

Total Number Of Systems At This Location 2

This Is System Number 1-2

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST-3

Comments, adjustments and/or corrections made during this inspection
Internal/Obstruction investigation needs to be performed for East and West Risers
Hydrostatic for FDC needs to be performed

Authorized Signature _____ Inspector Name Sergio Cefaloni
Date 2-14-20 License No. F1-40797

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970246
 Address 117 Vine Road Stamford CT 06905
 Report For Turn of River Middle School
 Date of Inspection 02/17/2020
 Inspector Name Mike Parillo

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification & hazard of contents remained the same since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the system remained in service without modification since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Was the system free of actuations of devices or alarms since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date Others 12/16
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 50 PSI & Residual Pressure 35 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 2/20
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>None</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>		
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle _____ PSI	<input type="checkbox"/>		
3. Residual pressure reading at valve _____ PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>		
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>Na</u>	<input type="checkbox"/>		
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>Na</u>	<input type="checkbox"/>		
Q. Date of Last Backflow devices tested? Date <u>Others</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2016</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Piv	Y	Y	N	N	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	5	Osy	Y	Y	N	N	
System Control Valves	1	Osy	Y	Y	N	N	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Y	Y	N	N	
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test					
This Waterflow Test					

Total Number Of Systems At This Location 1

This Is System Number 1

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Notifier

Comments, adjustments and/or corrections made during this inspection

No record of 5 year FDC hydrotest

Both plug tampers on OSY backflow did not report to panel see deficiencies

Authorized Signature *Michael J. Parillo* Inspector Name Mike Parillo
 Date 2/17/20 License No. FRP.0041105-F2

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
203-250-1115 (Phone)
Ct. License F1-40797
Service@FireProtectionTesting.com

ServiceTrade Job No 17970249
Address 614 Scofieldtown Road Stamford CT 06903
Report For Smithhouse Res/ Scofield Manor
Date of Inspection 02/18/2020 01:00pm EST
Inspector Name Sage Carpenter, AJ Valley

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the occupancy classification & hazard of contents remained the same since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Are all fire protection systems in service since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Has the system remained in service without modification since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Was the system free of actuations of devices or alarms since previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 4/14
- F. Date of Last Pressure Reducing Valve Test
Date N/a
- G. Date of Last Standpipe Flow Test
Date N/a
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date N/a

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 95 PSI & Residual Pressure 60 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 2/18/2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>N/a</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>Others / . April 2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2014</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	1	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves							
Sectional Control Valves	9	Bfv	Yes	Yes	No	Yes	
System Control Valves	1	Osy	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	1	Bfv	Yes	Yes	No	Yes	
Test Header							
Bypass							

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/23/19	Main drain	2"	85	70
This Waterflow Test	2/18/2020	Main drain	2"	90	65

Total Number Of Systems At This Location 9

This Is System Number 1-9

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Est _____

Comments, adjustments and/or corrections made during this inspection
5yr internal/ obstruction investigation due this year

Water gauges are outdated (13 water)

Authorized Signature *Sage Carpenter* Inspector Name Sage Carpenter, AJ Valley
Date 2/18/2020 License No. _____

Is a separate form being used for multiple valves?

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

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970207
 Address 381 High Ridge Road Stamford CT 06905
 Report For Rippowam Middle School
 Date of Inspection 02/18/2020 09:15am EST
 Inspector Name *Matthew Deleh*

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? **Dlb Check**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 5-2019
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date Na
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 60 PSI & Residual Pressure 50 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date Exercise 2-2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2019x2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6-19-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>B/O 3-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>3-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OSY	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	OSY	Yes	Yes	No	Yes	
Sectional Control Valves	11	Bfly	Yes	Yes	No	Yes	
System Control Valves	5	Bfly	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header	1	Bfly	No	Yes	Yes	Yes	
Bypass	2	Bfly	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-2019	Riser	2"	55	50
This Waterflow Test	2-18-2020	Riser	2"	60	50

Total Number Of Systems At This Location 6

This Is System Number 1-6

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST-3

Comments, adjustments and/or corrections made during this inspection
Head guards (20) missing in gymnasium.

Authorized Signature _____ Inspector Name *Mark Hill*
Date _____ License No. F2-21771

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970242
 Address 55 Strawberry Hill Avenue Stamford CT 06902
 Report For Stamford High School
 Date of Inspection 02/14/2020
 Inspector Name Stephen Roy

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

	Yes	No	N/A
A.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sealed, locked, or supervised?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Isolation valves on backflow prevention assemblies in open position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Proper number & type of spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Sprinkler wrench with spare sprinklers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Free from physical damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Valves in appropriate (open/closed) position?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. No leakage from retarding chamber of alarm drains?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I. Fire Department Connections			
1. Visible & Accessible?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Couplings & swivels not damaged and rotate smoothly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Plugs or caps in place & undamaged?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Gaskets in place & in good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identification sign(s) in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Check valve is not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Automatic drain valve in place & operating properly?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. Sample of visible sprinklers			
1. Free of corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of obstructions to spray patterns?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Free of foreign materials including paint?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free of physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Sample of visible pipe			
1. In good condition?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Free of mechanical damage & not leaking?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. No external corrosion?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Free from physical damage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 06-2019
- F. Date of Last Pressure Reducing Valve Test
Date N/A
- G. Date of Last Standpipe Flow Test
Date 06-2019
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date N/A

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 145 PSI & Residual Pressure FP PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date _____
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?
Date _____

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>N/A</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>06-2018</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>06-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>By Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2017</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	Osy	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	1	Osy	Yes	Yes	No	Yes	
Sectional Control Valves	13	Bfv	Yes	Yes	No	Yes	
System Control Valves	4	Osy/Bfv	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	2	Osy	Yes	Yes	No	Yes	
Test Header	1	Bfv	No	Yes	Yes	Yes	
Bypass	4	Bfv	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-23-19	Main Drain	2"	145	FP
This Waterflow Test	02-14-20	Main Drain	2"	145	FP

Total Number Of Systems At This Location 3

This Is System Number 1-3

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
EST-3

Comments, adjustments and/or corrections made during this inspection

Authorized Signature _____ Inspector Name Stephen Roy
Date 02-14-20 License No. 0041339

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970191
 Address 125 Roxbury Road Stamford CT 06902
 Report For Westhill High School
 Date of Inspection 02/17/2020
 Inspector Name Mike Parillo

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge?

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?	✓		
2. Free from physical damage?	✓		
3. Valves in appropriate (open/closed) position?	✓		
4. No leakage from retarding chamber of alarm drains?	✓		
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?	✓		
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 10/19
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date 10/19
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date 10/19

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 70 PSI & Residual Pressure 60 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date 2/20
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2002</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6/19</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Q. Date of Last Backflow devices tested? Date <u>Others</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Backflow full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Backflow devices passed main drain test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>2007</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	3	Osy	Y	Y	N	N	
Tank Control Valves	1	Osy	Y	Y	N	N	
Pump Control Valves	2	Bfv	Y	Y	N	N	
Sectional Control Valves	13	Bfv	Y	Y	N	N	
System Control Valves	8	Bfv	Y	Y	N	N	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves							
Test Header	1	Bfv	N	Y	Y	N	
Bypass	2	Bfv	Y	Y	N	Y	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12/26/19	Riser	2	75	50
This Waterflow Test	2/17/20	Riser	2	70	60

Total Number Of Systems At This Location 8

This Is System Number 1-8

Wet Dry PreAction Other _____

Fire Panel Manufacturer & Model
Est _____

Comments, adjustments and/or corrections made during this inspection

Full inspection of all buildings

500 wing elevator tamper would not clear see deficiencies

Authorized Signature *Michael J. Parillo* Inspector Name Mike Parillo
 Date 2/17/20 License No. FRP.0041105-F2

Is a separate form being used for multiple valves?

Yes No

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT



1701 Highland Ave, Cheshire, CT 06410
 203-250-1115 (Phone)
 Ct. License F1-40797
 Service@FireProtectionTesting.com

ServiceTrade Job No 17970186
 Address 411 High Ridge Road Stamford CT 06905
 Report For A.I.T.E.
 Date of Inspection 02/18/2020 12:30pm EST
 Inspector Name *Mark Deleh*

Information on this form covers the minimum requirements of NFPA 25-2011 for the fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. All responses refer to the current inspection performed on the above date stated.

Part I – Owner or On Site Representative Section

- A. Is the building occupied?
- B. Has the occupancy classification & hazard of contents remained the same since previous inspection?
- C. Are all fire protection systems in service since previous inspection?
- D. Has the system remained in service without modification since previous inspection?
- E. Was the system free of actuations of devices or alarms since previous inspection?

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part II Inspector’s Section

A. Inspections

1. Inspection Items

- A. Preaction & Deluge Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position & no leakage from valve seat?
 - 3. Electrical components appear in service?
- B. Dry-Pipe Valves
 - 1. Free from physical damage?
 - 2. Trim valves in appropriate (open/closed) position?
 - 3. No leakage from immediate chamber?
- C. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? **Dlb Check**

<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Inspection items which can be performed if the items are electrically supervised or secured with locks

- A. Gauges on dry, preaction & deluge systems in good condition & showing normal air & water pressure?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
B. Control Valves			
1. In normal (open/closed) position?	✓		
2. Sealed, locked, or supervised?	✓		
3. Accessible?	✓		
C. Isolation valves on backflow prevention assemblies in open position?	✓		
D. Proper number & type of spare sprinklers?	✓		
E. Sprinkler wrench with spare sprinklers?	✓		
F. Gauges on wet-pipe system in good condition & showing normal water supply pressure?	✓		
G. Sprinkler system alarm devices appear free from physical damage & all electrical connections secure?	✓		
H. Alarm Valves			
1. Gauges indicating normal supply water pressure?			✓
2. Free from physical damage?			✓
3. Valves in appropriate (open/closed) position?			✓
4. No leakage from retarding chamber of alarm drains?			✓
I. Fire Department Connections			
1. Visible & Accessible?	✓		
2. Couplings & swivels not damaged and rotate smoothly?	✓		
3. Plugs or caps in place & undamaged?	✓		
4. Gaskets in place & in good condition?			
5. Identification sign(s) in place?	✓		
6. Check valve is not leaking?	✓		
7. Automatic drain valve in place & operating properly?	✓		
<i>(Note: If plugs or caps are not in place, inspect the interior for obstructions & verify that the valve clapper is operational over its full range.)</i>			✓
J. Sample of visible sprinklers			
1. Free of corrosion?	✓		
2. Free of obstructions to spray patterns?	✓		
3. Free of foreign materials including paint?	✓		
4. Free of physical damage?	✓		
K. Sample of visible pipe			
1. In good condition?	✓		
2. Free of mechanical damage & not leaking?	✓		
3. No external corrosion?	✓		
4. Free from physical damage?	✓		
L. Sample of visible pipe hangers & seismic bracing not damaged or loose?	✓		

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

1. Fifth Year Inspection Items

- A. Interior of dry-pipe, preaction and deluge valves passed internal inspection?
- B. Alarm valves and their associated strainers, filters, and restriction orifices passed internal inspection?
- C. Check valves internally inspected & all parts operate property, move freely, & are in good condition?
- D. Strainers, filters, restricted orifices, & diaphragm chambers on dry-pipe, preaction, and deluge valves passed internal inspection?
- E. Date of Last Obstruction / Internal Pipe Inspection
Date 4-26-2019
- F. Date of Last Pressure Reducing Valve Test
Date Na
- G. Date of Last Standpipe Flow Test
Date 4-26-2019
- H. Date of Last Hydrostatic Test of Dry Standpipe
Date Na

Yes	No	N/A
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

B. Testing

The following tests are to be performed at the noted intervals.

1. Tests Performed

- A. Sprinkler system main drain test
 - 1. Record Static Pressure 60 PSI & Residual Pressure 50 PSI
Was flow observed?
 - 2. Did water motor gong activate on water flow?
 - 3. Are results comparable to previous tests?
- B. Waterflow alarm devices passed tests?
 - 1. Inspectors test connection opened? (wet-pipe when not in freezing weather)
 - 2. Bypass connection opened? (wet-pipe systems in freezing weather, dry-pipe, preaction, or deluge)
 - 3. Alarms actuated?
 - 4. Was waterflow observed?
- C. Tamper switches tested?
- D. Valves fully exercised & lubricated
Date Exercise 2-2020
- E. Priming water level passed test in dry-pipe & preaction systems?
- F. Low air pressure signal in dry-pipe & preaction systems?
- F. Quick opening devices passed test?
- G. Are all sprinklers in service dated 1920 or later?
- H. Fast response sprinklers in service for less than 20 years?
(If "no" test sample now and every 10 years)
- I. Extra High, Very Extra High, & Ultra High Temperature sprinklers tested?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Date _____

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

	Yes	No	N/A
I. Dry barrel sprinkler in service less than 10 years? Date <u>2006 x2</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
J. Standard sprinklers in service less than 50 years? (If "no" test sample now and every 10 years)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. Specific gravity of antifreeze correct?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L. Fire pump full waterflow date last tested Date <u>6-25-2019</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
M. Preaction & deluge valves full waterflow trip test (Except deluge valves where water can't be discharged)			
1. Water discharge from all nozzles unimpeded?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Pressure reading at hydraulically most remote nozzle <u> </u> PSI			
3. Residual pressure reading at valve <u> </u> PSI Was waterflow observed?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Are the above readings comparable to design?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Manual activation devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Automatic air pressure maintenance devices passed test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
N. Automatic air maintenance devices on dry-pipe & preaction systems passed test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O. All sprinkler pressure regulating control valves passed full waterflow test?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
P. Dry-pipe full waterflow trip test to be done every third year			
1. Date of Last Dry-pipe valve partial waterflow trip test Date <u>No record</u>			
2. Date of Last Dry-pipe valve full waterflow trip test Date <u>6-19-2019</u>			
Q. Date of Last Backflow devices tested? Date <u>B/O 4-2019</u>			
1. Backflow full waterflow test?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Backflow devices passed main drain test?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
R. Gauges checked against calibrated gauge or replaced? Date Last Replaced <u>9-2019</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III – Table

Control Valve Maintenance Table

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
City Connection Control Valve	2	OSY	Yes	Yes	No	Yes	
Tank Control Valves							
Pump Control Valves	2	OSY/Bfly	Yes	Yes	No	Yes	
Sectional Control Valves	7	Bfly	Yes	Yes	No	Yes	
System Control Valves	2	Bfly	Yes	Yes	No	Yes	

FIRE PROTECTION TESTING, INC. FIRE SPRINKLER INSPECTION REPORT

Control Valves	No.	Type	Open	Secured	Closed	Signs	Explain Abnormal Conditions
Other Control Valves	6	Bfly	Yes	Yes	No	Yes	
Test Header	1	Bfly	No	Yes	Yes	Yes	
Bypass	2	Bfly	Yes	Yes	No	Yes	

Waterflow Test at Sprinkler Riser

Water Supply Source City Tank Pump

	Date	Test Pipe Location	Size of Test Pipe	Static Pressure	Residual (Flow) Pressure
Last Waterflow Test	12-30-2019	Riser	2"	60	50
This Waterflow Test	2-18-2020	Riser	2"	60	50

Total Number Of Systems At This Location 3

This Is System Number 1-3

Wet Dry PreAction Other Standpipe

Fire Panel Manufacturer & Model
EST-3

Comments, adjustments and/or corrections made during this inspection
Two (2) Dry pendant heads in walk in cooler(kitchen) over ten years old.
No record of Laser pump alignment.

Authorized Signature _____ Inspector Name *Mark H. H.*
Date _____ License No. F2-21771

Is a separate form being used for multiple valves?

Yes No

SEMI ANNUAL TESTINGS



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 8:44 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: HART MAGNET ELEMENTARY SCHOOL
 Address: 61 ADAMS AVENUE
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 977-5082
 Email: _____

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size _____
Size:	<u>3 GAL</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>LEFT OF HOOD 5 NOZZLES</u>

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2030</u> 6-yr maint due: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>1</u>	<u>360</u>	<u>0</u>

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>5</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

6 BR W/ SHELF, DBL CONV OVEN

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Pull station needs to be lowered between 40" - 48" to meet code.

Allstate Fire Equipment Agent: Miguel Lorenzo *m l* Date: 2/18/2020

Customer's Authorized Agent: _____ Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



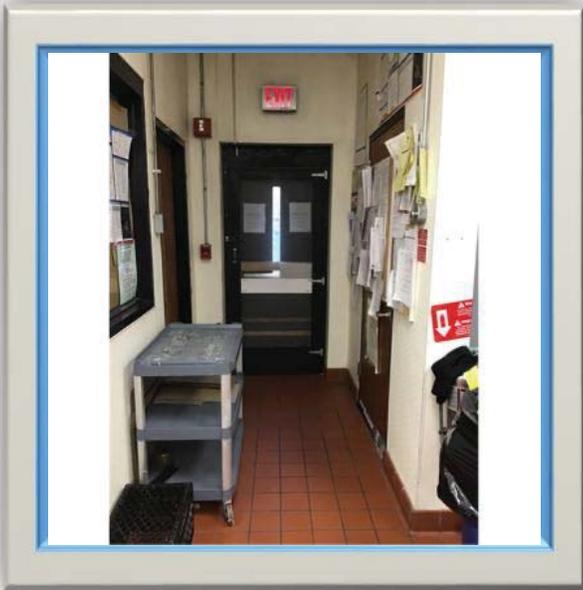
Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

Date 11-26-19

Order No. #17447372

Charge To: F.P.T.	Ship To: WESTHILL HIGH SCHOOL 125 ROXBURY RD. STAMFORD, CT
Date Rec.	Date Comp. 11-26-19 Dept.

INSPECTION OF FIXED FIRE EXTINGUISHING SYSTEM

Make of system inspected? PRO-TEX II Type? WET-CHEMICAL

Hazard or hazards protected? KITCHEN HOOD, DECK & 6 BURNER RANGE

If more than one, check one—Protected via Directional Valves [] Protected Simultaneously [x]

Check type of system—Rate of Rise Auto. [] Electric Auto. [] Remote Manual Only [] Local Manual Only []

Fuse Link Auto. [x] Other []

If system is automatic, is remote manual release added — Yes [x] No []

No. of cylinders in main system? 1 Size of cylinders? 4.60 GALLON w/c

Is there a connected reserve? NO No. and size of cylinders? —

Have all cylinders been weighed and found full? YES Hydro. Test Dates? 2008

List no. of pressure switches, if any: Alarm 1 BURN Red Light — Fan Shut Off —

Machinery Shut Off — Others ELEC EQUIP. SHUT OFF

Do all pressure switches operate properly? YES

List no. of pressure trips: Doors — Windows — Dampers — Fuel Line Shut Off —

Others —

Do all pressure trips operate properly? NONE

Does remote manual release or releases operate properly? YES

Does local manual release or releases operate properly? NONE

If system is automatic, list no. of Actuators — Thermostats — Fuse Links 3-450*

If electric automatic, was heat test performed? — Do releases operate? —

If rate-of-rise automatic, no. and type of releases —

List setting and vent in the automatic R. R. releases below—

Primary head or heads — Setting — Vent — Setting — Vent

Tandem head or heads — Settings — Vent — Settings — Vent

Is tubing line to actuators air tight? —

Is mercury check used? Yes [] No [] If Yes, list settings and vents.

1st Well-Setting — Vent — 2nd Well-Setting — Vent —

3rd Well-Setting — Vent — 4th Well-Setting — Vent —

Was heat test performed? Yes [] No [] If Yes, do releases operate? —

Are all nozzles in proper working order? YES Pipe and Fittings? O.K.

Remarks: 2 REPAIRED FUSE LINKS, CO2 CHARGES & 0° F. T.G.

THIS SYSTEM IS IN WORKING ORDER

Owner Rep. [x]

Service Inspector [Signature]

Date 11-26-19

Order No. #17447372

Charge To: <u>F.P.T.</u>	Ship To: <u>WESTHILL HIGH SCHOOL</u> <u>125 ROXBURY RD.</u> <u>STAMFORD, CT</u>
Date Rec.	Date Comp. <u>11-26-19</u> Dept. <u>FOOD SCIENCE LAB (VOC. BLDG)</u>

INSPECTION OF FIXED FIRE EXTINGUISHING SYSTEM

Make of system inspected? ANSELL F02 SSC LT-30 Type? WET-CHEMICAL

Hazard or hazards protected? HOOD #2, DUCT #4 BURNER RANGE

If more than one, check one—Protected via Directional Valves Protected Simultaneously

Check type of system—Rate of Rise Auto. Electric Auto. Remote Manual Only Local Manual Only

Fuse Link Auto. Other—

If system is automatic, is remote manual release added — Yes No

No. of cylinders in main system? 1 Size of cylinders? 3 GALLON WK

Is there a connected reserve? NO No. and size of cylinders? —

Have all cylinders been weighed and found full? YES Hydro. Test Dates? 2016

List no. of pressure switches, if any: Alarm 1 BLDG Red Light — Fan Shut Off —

Machinery Shut Off — Others ELEC GAS 3/OFF

Do all pressure switches operate properly? YES

List no. of pressure trips: Doors — Windows — Dampers — Fuel Line Shut Off —

Others —

Do all pressure trips operate properly? NONE

Does remote manual release or releases operate properly? YES

Does local manual release or releases operate properly? NONE

If system is automatic, list no. of Actuators — Thermostats — Fuse Links 1-360

If electric automatic, was heat test performed? — Do releases operate? —

If rate-of-rise automatic, no. and type of releases —

List setting and vent in the automatic R. R. releases below—

Primary head or heads — Setting — Vent — Setting — Vent —

Tandem head or heads — Settings — Vent — Settings — Vent —

Is tubing line to actuators air tight? —

Is mercury check used? Yes No If Yes, list settings and vents.

1st Well-Setting — Vent — 2nd Well-Setting — Vent —

3rd Well-Setting — Vent — 4th Well-Setting — Vent —

Was heat test performed? Yes No If Yes, do releases operate? —

Are all nozzles in proper working order? YES Pipe and Fittings? O.K.

Remarks: *REPAIRS FUSE LINK & 3 RUBBER NOZZLE POWERS

THIS SYSTEM IS IN WORKING ORDER

Owner Rep. [Signature]

Service Inspector [Signature]

Mech. Lic F30021

STUART L. WHITE CO.

Elec. Lic. 105646

543 BOSTON POST ROAD • MILFORD, CT 06460 • PHONE 203-878-6311 • FAX 203-877-3945

Date 11-26-19

Order No. #17447372

Charge To: <u>F.P.T.</u>	Ship To: <u>WESTHILL HIGH SCHOOL</u> <u>125 ROXBURY RD</u> <u>STAMFORD, CT</u>
Date Rec.	Date Comp. <u>11-26-19</u>
Dept. <u>FOOD SCIENCE LAB (VOC. BLDG)</u>	

INSPECTION OF FIXED FIRE EXTINGUISHING SYSTEM

Make of system inspected? ANSUL R102 SEC LT-30 Type? WET-CHEMICAL

Hazard or hazards protected? HOOD #1, DUCT #6 BURNER RANGE

If more than one, check one—Protected via Directional Valves Protected Simultaneously

Check type of system—Rate of Rise Auto. Electric Auto. Remote Manual Only Local Manual Only

Fuse Link Auto. Other—

If system is automatic, is remote manual release added — Yes No

No. of cylinders in main system? 1 Size of cylinders? 36 GALLON w/c

Is there a connected reserve? NO No. and size of cylinders?

Have all cylinders been weighed and found full? YES Hydro. Test Dates? 2016

List no. of pressure switches, if any: Alarm BLDG Red Light Fan Shut Off

Machinery Shut Off Others ELEC. EQUIP. SHUT OFF

Do all pressure switches operate properly? YES

List no. of pressure trips: Doors Windows Dampers Fuel Line Shut Off

Others

Do all pressure trips operate properly? NONE

Does remote manual release or releases operate properly? YES

Does local manual release or releases operate properly? NONE

If system is automatic, list no. of Actuators Thermostats Fuse Links 1-360-9

If electric automatic, was heat test performed? Do releases operate?

If rate-of-rise automatic, no. and type of releases

List setting and vent in the automatic R. R. releases below—

Primary head or heads — Setting Vent Setting Vent

Tandem head or heads — Settings Vent Settings Vent

Is tubing line to actuators air tight?

Is mercury check used? Yes No If Yes, list settings and vents.

1st Well-Setting Vent 2nd Well-Setting Vent

3rd Well-Setting Vent 4th Well-Setting Vent

Was heat test performed? Yes No If Yes, do releases operate?

Are all nozzles in proper working order? YES Pipe and Fittings? O.K.

Remarks: REPLACED FUSE LINK & 4 RUBBER NOZZLE COVERS
THIS SYSTEM IS IN WORKING ORDER

Owner Rep. [Signature] Service Inspector [Signature]



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 10:55 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: TOQUAM MAGNET SCHOOL
 Address: 123 RIDGEWOOD
 City: STAMFORD State: CT Zip: 06907
 Owner / Manager _____
 Phone: (203) 977-4556
 Email: dborsey@stamfordct.gov

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size _____
Size:	<u>3 GAL</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>Left end cab</u>

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. <u>46</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2019</u> 6-yr maint due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Yes No N/A

13 Manual release proper and operable	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>6</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

Dbl conv o, hot top/griddle w/shelf.

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System is over due for hydro test, pull station is over 48in, piping obstruction test passed.

Allstate Fire Equipment Agent: Eric Boughton  Date: 2/18/2020

Customer's Authorized Agent: David Borsey  Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: _____

FAIL

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 12:00 PM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: JULIA A STARK SCHOOL
 Address: 398 GLENBROOK ROAD
 City: STAMFORD State: CT Zip: 06906
 Owner / Manager _____
 Phone: (203) 977-4583
 Email: _____

System Information:

Make: PYROCHEM
 Model: KKII Other Size _____
 Size: PCL 460
 Control Head: EN/MCU2
 Location of System: Wall behind hood

Yes No N/A

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1 Hazard unchanged since last inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 System interlocked with building fire alarm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 All hazards properly covered with correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Hood / duct penetrations properly sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal | | | |
| 6 Pressure gauge within acceptable range | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Cartridge weight within acceptable range WT. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Cylinder Hydrotest due: <u>2021</u> 6-yr maint due: _____ | | | |
| 9 Cylinder properly mounted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Detection line proper and operable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Replaced fusible links - Mfg Date <u>2020</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Quantity Fusible Links / Thermal Detectors Installed | | | |
- _____ 212° _____ 280° 3 360° _____ 450° _____ 500° other (_____ °)

Hazard Protected (left to right):

Conv o x2, kettle, 6-burner w/shelf.

Yes No N/A

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 13 Manual release proper and operable | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u> | | | |
| 15 Gas valve connected to system <u>MECH</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Piping / conduit securely bracketed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Piping obstruction test performed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18 Proper nozzle caps/covers in place QTY: <u>8</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Exhaust fan in operating condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 System operational and armed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Fan warning sign on hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 K-Class fire extinguisher in cooking area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Portable ABC fire extinguisher in kitchen area | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 24 Personnel instructed on manual operation of system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Filters compliant with NFPA96 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 System meets U.L. 300 / 1254 standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Piping obstruction test passed, system is due for hydro next year, filters have no latches to keep them from falling out.

Allstate Fire Equipment Agent: Eric Boughton  Date: 2/18/2020

Customer's Authorized Agent: Mark Fox  Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: _____

PASS

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



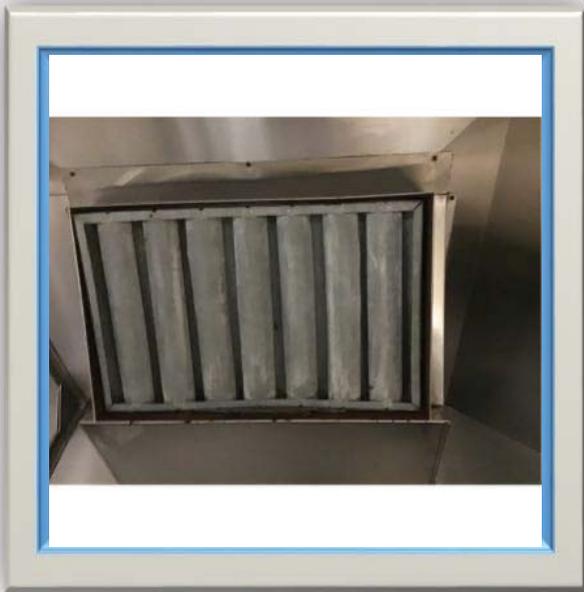
Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 6:42 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: SPRINGDALE ELEMENTARY SCHOOL
 Address: 1127 HOPE STREET
 City: STAMFORD State: CT Zip: 06907
 Owner / Manager _____
 Phone: (203) 997-4575
 Email: _____

System Information:

Make: PYRO CHEM
 Model: KKII Other Size _____
 Size: 300/460
 Control Head: NMCH3
 Location of System: RIGHT OF HOOD 11/6/18 SYSTEM

Yes No N/A

- | | | | |
|---|-------------------------------------|--------------------------|-------------------------------------|
| 1 Hazard unchanged since last inspection | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 System interlocked with building fire alarm | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 All hazards properly covered with correct nozzles | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 Hood / duct penetrations properly sealed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal | | | |
| 6 Pressure gauge within acceptable range | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7 Cartridge weight within acceptable range WT. _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 8 Cylinder Hydrotest due: <u>2030</u> 6-yr maint due: _____ | | | |
| 9 Cylinder properly mounted | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Detection line proper and operable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 Replaced fusible links - Mfg Date <u>2019</u> used in | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 Quantity Fusible Links / Thermal Detectors Installed | | | |

3 360 °

Yes No N/A

- | | | | |
|--|-------------------------------------|-------------------------------------|--------------------------|
| 13 Manual release proper and operable | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u> | | | |
| 15 Gas valve connected to system <u>MECH</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16 Piping / conduit securely bracketed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17 Piping obstruction test performed | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18 Proper nozzle caps/covers in place QTY: <u>9</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19 Exhaust fan in operating condition | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 20 System operational and armed | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 21 Fan warning sign on hood | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 22 K-Class fire extinguisher in cooking area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 23 Portable ABC fire extinguisher in kitchen area | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 24 Personnel instructed on manual operation of system | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 25 Filters compliant with NFPA96 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 26 System meets U.L. 300 / 1254 standards | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Hazard Protected (left to right):

KETTLE, 6BR W/SHLF, DBL CONV OVEN X2

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: _____

Allstate Fire Equipment Agent: Kalil Thomas *Kalil* Date: 2/18/2020

Customer's Authorized Agent: _____ Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT

New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 11:48 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: STAMFORD HIGH SCHOOL
 Address: 55 STRAWBERRY HILL
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 977-5430
 Email: _____

System Information:

Make: ANSUL
 Model: R102 Other Size _____
 Size: 6 GAL
 Control Head: AUTOMAN
 Location of System: WALL @END OF HOOD #1 13

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal			
6 Pressure gauge within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2019</u> 6-yr maint due: _____			
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>6</u>	<u>360</u>	<u>0</u>

Yes No N/A

13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>4</u>			
15 Gas valve connected to system <u>ELEC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>13</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

DBL CONV OVEN, 6 BR W/ SHF, DBL STEAMER, CONV OVEN, DBL CONV OVEN, TILT SKILLET, TILT KETTLE

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System tanks are due for hydro test.

Allstate Fire Equipment Agent: Miguel Lorenzo *M L* Date: 2/18/2020

Customer's Authorized Agent: Araiente *C.F.A.* Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 11:45 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: STAMFORD HIGH SCHOOL
 Address: 55 STRAWBERRY HILL
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 977-5430
 Email: _____

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size _____
Size:	<u>3 GAL</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>RIGHT OF HOOD 2 RT OF HOOD 4</u>

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2019</u> 6-yr maint due: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed <u>2</u> <u>360</u> °	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>ELEC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

2 FRYERS

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System tank is due for hydro test.

Allstate Fire Equipment Agent: Miguel Lorenzo *M L* Date: 2/18/2020

Customer's Authorized Agent: Araiente *C. J. Araiente* Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 8:29 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: SCOFIELD MAGNET MIDDLE SCHOOL
 Address: 641 SCOFIELDTOWN
 City: STAMFORD State: CT Zip: 06903
 Owner / Manager _____
 Phone: (203) 977-2750
 Email: tlucero@stamfordct.gov

System Information:

Make: ANSUL
 Model: R102 Other Size _____
 Size: 6 GAL
 Control Head: AUTOMAN
 Location of System: WALL BEHIND HOOD 9 NOZZLES

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal			
6 Pressure gauge within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2023</u> 6-yr maint due: _____			
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2019</u> used in _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>3</u>	<u>360</u>	<u>0</u>

Yes No N/A

13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>			
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>9</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

DBLE CONV OVEN, PANINI PRESS, GRIDDLE, 6BR W/ SHLF, CONV OVEN

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: _____

Allstate Fire Equipment Agent: Kalil Thomas *Kalil Thomas* Date: 2/18/2020

Customer's Authorized Agent: _____ Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020

DO NOT REMOVE BY ORDER OF THE STATE FIRE MARSHAL



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 6:22 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: ROXBURY ELEMENTARY SCHOOL
 Address: 751 WEST HILL ROAD
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 977-4287
 Email: psauer@stamfordct.gov

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size
Size:	<u>6 GALLON</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>Left end cab</u>

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. <u>59</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2025</u> 6-yr maint due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

212° 280° 4 360° 450° 500° other (___ °)

Hazard Protected (left to right):

6-burner/hot top w/shelf, tilt skillet.

Yes No N/A

13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>ELEC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Appliances need realignment, range not within 6in of hood protection, piping obstruction test passed.

Allstate Fire Equipment Agent: Eric Boughton Date: 2/18/2020

Customer's Authorized Agent: Paul Sauer Date: 2/18/2020

If testing for Authority Having Jurisdiction:

Status:

AHJ Print: _____

FAIL

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 6:34 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: ROGERS INTERNATIONAL SCHOOL
 Address: 202 BLACHLEY ROAD
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 977-4560
 Email: _____

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size _____
Size:	<u>3 GAL</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>LEFT OF HOOD 11 NOZZLES</u>

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Pressure gauge within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2020</u> 6-yr maint due: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>10</u>	<u>360</u>	<u>0</u>

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

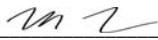
DBL CONV OVEN, X 2, 6 BR W/ SHELF, KETTLE, DBL STEAMER

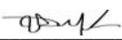
Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System Tank is due for a Hydro Test.

Allstate Fire Equipment Agent: Miguel Lorenzo  Date: 2/18/2020

Customer's Authorized Agent: Bob Malcolm  Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 9:04 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: RIPPOWAM MIDDLE SCHOOL
 Address: 381 HIGH RIDGE ROAD
 City: STAMFORD State: CT Zip: 06905
 Owner / Manager _____
 Phone: (203) 997-5255
 Email: _____

System Information:	
Make:	<u>BUCKEYE</u>
Model:	<u>BFR</u> Other Size _____
Size:	<u>BFR-10</u>
Control Head:	<u>SRM</u>
Location of System:	<u>Wall @ end of hood</u>

Yes No N/A

- 1 Hazard unchanged since last inspection

X		
---	--	--
- 2 System interlocked with building fire alarm

X		
---	--	--
- 3 All hazards properly covered with correct nozzles

X		
---	--	--
- 4 Hood / duct penetrations properly sealed

X		
---	--	--
- 5 Grease accumulation: Excessive Heavy Normal

--	--	--
- 6 Pressure gauge within acceptable range

X		
---	--	--
- 7 Cartridge weight within acceptable range WT. _____

		X
--	--	---
- 8 Cylinder Hydrotest due: 2022 6-yr maint due: _____

--	--	--
- 9 Cylinder properly mounted

X		
---	--	--
- 10 Detection line proper and operable

X		
---	--	--
- 11 Replaced fusible links - Mfg Date 2020

X		
---	--	--
- 12 Quantity Fusible Links / Thermal Detectors Installed _____

--	--	--

Yes No N/A

- 13 Manual release proper and operable

X		
---	--	--
- 14 Microswitches installed QTY: 2 Tied-in QTY: 2

--	--	--
- 15 Gas valve connected to system ELEC

X		
---	--	--
- 16 Piping / conduit securely bracketed

X		
---	--	--
- 17 Piping obstruction test performed

X		
---	--	--
- 18 Proper nozzle caps/covers in place QTY: 9

X		
---	--	--
- 19 Exhaust fan in operating condition

X		
---	--	--
- 20 System operational and armed

X		
---	--	--
- 21 Fan warning sign on hood

X		
---	--	--
- 22 K-Class fire extinguisher in cooking area

X		
---	--	--
- 23 Portable ABC fire extinguisher in kitchen area

	X	
--	---	--
- 24 Personnel instructed on manual operation of system

X		
---	--	--
- 25 Filters compliant with NFPA96

X		
---	--	--
- 26 System meets U.L. 300 / 1254 standards

--	--	--

Hazard Protected (left to right):

Tilt kettle, dbl conv o, hot top x2.

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Detection line is not to manufacturers spec. Piping obstruction test passed.

Allstate Fire Equipment Agent: Eric Boughton  Date: 2/18/2020

Customer's Authorized Agent: N/A Date: 2/18/2020

If testing for Authority Having Jurisdiction: Status: _____
 AHJ Print: _____ FAIL Testing Date: _____
 AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT

New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 9:08 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: NORTHEAST ELEMENTARY SCHOOL
 Address: 82 SCOFIELDTOWN
 City: STAMFORD State: CT Zip: 06903
 Owner / Manager _____
 Phone: (203) 977-4469
 Email: _____

System Information:

Make: PYRO CHEM
 Model: KKII Other Size _____
 Size: PCL 300
 Control Head: NMCH3
 Location of System: WALL LEFT OF HOOD 6 NOZZL

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Cylinder Hydrotest due: <u>2030</u> 6-yr maint due: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2019</u> used <u>20</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>2</u>	<u>360</u>	<u>0</u>

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>7</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

CONV OVEN, CONV OVEN, KETTLE, 6 BURNER W/ SHELF

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance: _____

Allstate Fire Equipment Agent: Kalil Thomas *Kalil Thomas* Date: 2/18/2020

Customer's Authorized Agent: _____ Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____





System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 7:28 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: Newfield Elementary School
 Address: 345 Pepper Ridge
 City: STAMFORD State: CT Zip: 06905
 Owner / Manager _____
 Phone: 203-250-1115
 Email: ap@fireprotectiontesting.com

System Information:

Make: ANSUL
 Model: R102 Other Size _____
 Size: 6 GAL
 Control Head: AUTOMAN
 Location of System: LEFT END CAB

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal			
6 Pressure gauge within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2025 X 2</u> 6-yr maint due: _____			
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>019</u> used in 20	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>4</u>	<u>360</u>	<u>0</u>

Yes No N/A

13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>4</u>			
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>11</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

10 BURNER RANGE W/ SHELF, TILT SKILLET, 2X DBL CONV OVEN

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.



Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance: _____

Allstate Fire Equipment Agent: Kalil Thomas *Kalil Thomas* Date: 2/18/2020

Customer's Authorized Agent: _____ Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 7:35 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: KT MURPHY SCHOOL
 Address: 19 HORTON STREET
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 977-4516
 Email: _____

System Information:	
Make:	<u>PYROCHEM</u>
Model:	<u>KKII</u> Other Size _____
Size:	<u>PCL 460</u>
Control Head:	<u>NMCH3</u>
Location of System:	<u>Wall across hood</u>

Yes No N/A

- 1 Hazard unchanged since last inspection
 - 2 System interlocked with building fire alarm
 - 3 All hazards properly covered with correct nozzles
 - 4 Hood / duct penetrations properly sealed
 - 5 Grease accumulation: Excessive Heavy Normal
 - 6 Pressure gauge within acceptable range
 - 7 Cartridge weight within acceptable range WT. _____
 - 8 Cylinder Hydrotest due: 2030 6-yr maint due: _____
 - 9 Cylinder properly mounted
 - 10 Detection line proper and operable
 - 11 Replaced fusible links - Mfg Date 2020
 - 12 Quantity Fusible Links / Thermal Detectors Installed _____
- _____ 212° _____ 280° 3 360° _____ 450° _____ 500° _____ other (_____ °)

Yes No N/A

- 13 Manual release proper and operable
- 14 Microswitches installed QTY: 2 Tied-in QTY: 2
- 15 Gas valve connected to system MECH
- 16 Piping / conduit securely bracketed
- 17 Piping obstruction test performed
- 18 Proper nozzle caps/covers in place QTY: 12
- 19 Exhaust fan in operating condition
- 20 System operational and armed
- 21 Fan warning sign on hood
- 22 K-Class fire extinguisher in cooking area
- 23 Portable ABC fire extinguisher in kitchen area
- 24 Personnel instructed on manual operation of system
- 25 Filters compliant with NFPA96
- 26 System meets U.L. 300 / 1254 standards

Hazard Protected (left to right):

Flat Top Range, Flat Top Range, Flat Top Range, Steamer, Convection Oven, Convection Oven.

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance: _____

Allstate Fire Equipment Agent: Miguel Lorenzo *M L* Date: 2/18/2020

Customer's Authorized Agent: Anthony Richichi *Anthony* Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 1:20 PM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: Dolan Middle School
 Address: 51 Toms Road
 City: STAMFORD State: CT Zip: 06906
 Owner / Manager _____
 Phone: 203-250-1115
 Email: ap@fireprotectiontesting.com

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size _____
Size:	<u>3 GAL</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>Left wall</u>

	Yes	No	N/A
1 Hazard unchanged since last inspection			<input checked="" type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>		
3 All hazards properly covered with correct nozzles		<input checked="" type="checkbox"/>	
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>		
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal			
6 Pressure gauge within acceptable range			<input checked="" type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>		
8 Cylinder Hydrotest due: <u>2020</u> 6-yr maint due: _____			
9 Cylinder properly mounted	<input checked="" type="checkbox"/>		
10 Detection line proper and operable	<input checked="" type="checkbox"/>		
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>		
12 Quantity Fusible Links / Thermal Detectors Installed _____			

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>		
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>3</u>			
15 Gas valve connected to system <u>ELEC</u>	<input checked="" type="checkbox"/>		
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>		
17 Piping obstruction test performed	<input checked="" type="checkbox"/>		
18 Proper nozzle caps/covers in place QTY: <u>7</u>	<input checked="" type="checkbox"/>		
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>		
20 System operational and armed	<input checked="" type="checkbox"/>		
21 Fan warning sign on hood	<input checked="" type="checkbox"/>		
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>		
23 Portable ABC fire extinguisher in kitchen area		<input checked="" type="checkbox"/>	
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>		
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>		
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>		

Hazard Protected (left to right):

DBL Convection Oven, 6 Burner Range, kettle

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

System tank is due for a Hydro Test. Range not properly protected, app line needs a realignment.

Allstate Fire Equipment Agent: Miguel Lorenzo *M L* Date: 2/18/2020

Customer's Authorized Agent: Edgar Roman *Edgar Roman* Date: 2/18/2020

If testing for Authority Having Jurisdiction: Status: _____

AHJ Print: _____

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 9:48 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: CLOONAN MIDDLE SCHOOL
 Address: 11 WEST NORTH
 City: STAMFORD State: CT Zip: 06902
 Owner / Manager _____
 Phone: (203) 997-4544
 Email: _____

System Information:

Make: PYRO CHEM
 Model: KKII Other Size _____
 Size: PCL 460
 Control Head: _____
 Location of System: RT OF HOOD 10 NOZZLES 08/28/18:

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Cylinder Hydrotest due: <u>2030</u> 6-yr maint due: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>4</u>	<u>360</u>	<u>0</u>

Yes No N/A

13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>2</u> Tied-in QTY: <u>2</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>9</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

Convection Oven , TILT KETTLE, DBL STEAMER, DBL CONV OVEN, DBL CONV OVEN, DBL Convection Oven

Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant

Non-Compliant

Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Pull station needs to be lowered between 40" - 48" to meet code.

Allstate Fire Equipment Agent: Miguel Lorenzo  Date: 2/18/2020

Customer's Authorized Agent: AI  Date: 2/18/2020

If testing for Authority Having Jurisdiction: Status: _____

AHJ Print: _____

Testing Date: _____

AHJ Signature: _____

Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 7:41 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: A.I.T.E.
 Address: 411 HIGH RIDGE ROAD
 City: STAMFORD State: CT Zip: 06905
 Owner / Manager _____
 Phone: (203) 977-4336
 Email: gyoranidis@stamforfct.gov

System Information:	
Make:	<u>ANSUL</u>
Model:	<u>R102</u> Other Size _____
Size:	<u>6 GALLON</u>
Control Head:	<u>AUTOMAN</u>
Location of System:	<u>Wall across from hood</u>

	Yes	No	N/A
1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Pressure gauge within acceptable range	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 Cartridge weight within acceptable range WT. <u>109</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2019</u> 6-yr maint due:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2020</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

_____ 212° _____ 280° 5 360° _____ 450° _____ 500° _____ other (_____ °)

	Yes	No	N/A
13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>4</u> Tied-in QTY: <u>4</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15 Gas valve connected to system <u>ELEC</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>10</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

Dbf conv o, tilt skillet, dbl steamer, fryer x2/dump, OS 4-burner.

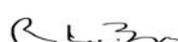
Safety Notice: Non-compliant systems may fail to extinguish/suppress a fire. Below are non-compliant conditions which require immediate attention. Allstate Fire Equipment assumes no responsibility for system performance if these conditions are not corrected and/or verified by an authorized agent of Allstate Fire Equipment.

Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance:

Piping obstruction test passed, broken/unsupported pull station conduit was repaired @ the time of inspection. System is over due for hydro test.

Allstate Fire Equipment Agent: Eric Boughton  Date: 2/18/2020

Customer's Authorized Agent: Richard L Brown  Date: 2/18/2020

If testing for Authority Having Jurisdiction: Status: _____
 AHJ Print: _____ Testing Date: _____
 AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



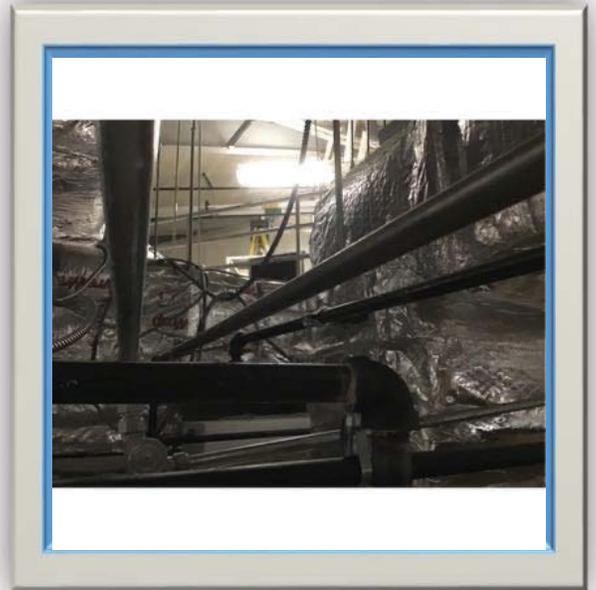
Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020



Pre-Engineered System Inspection Report

Date of Service: 2/18/2020 Time: 9:44 AM

Annual / Semi-Annual / Recharge / Installation / Renovation / FM Test

Customer / Location

Name: TURN OF RIVER MIDDLE SCHOOL
 Address: 117 VINE ROAD
 City: STAMFORD State: CT Zip: 06905
 Owner / Manager _____
 Phone: (203) 977-4284
 Email: _____

System Information:

Make: ANSUL
 Model: R102 Other Size _____
 Size: 3 GAL
 Control Head: automan
 Location of System: ACROSS FROM BACKSIDE OF

Yes No N/A

1 Hazard unchanged since last inspection	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 System interlocked with building fire alarm	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 All hazards properly covered with correct nozzles	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Hood / duct penetrations properly sealed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Grease accumulation: Excessive Heavy <input checked="" type="checkbox"/> Normal			
6 Pressure gauge within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Cartridge weight within acceptable range WT. _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 Cylinder Hydrotest due: <u>2025</u> 6-yr maint due: _____			
9 Cylinder properly mounted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 Detection line proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11 Replaced fusible links - Mfg Date <u>2019</u> used in	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12 Quantity Fusible Links / Thermal Detectors Installed	<u>2</u>	<u>360</u>	<u>0</u>

Yes No N/A

13 Manual release proper and operable	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14 Microswitches installed QTY: <u>3</u> Tied-in QTY: <u>3</u>			
15 Gas valve connected to system <u>MECH</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16 Piping / conduit securely bracketed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17 Piping obstruction test performed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18 Proper nozzle caps/covers in place QTY: <u>6</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 Exhaust fan in operating condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20 System operational and armed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21 Fan warning sign on hood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22 K-Class fire extinguisher in cooking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23 Portable ABC fire extinguisher in kitchen area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 Personnel instructed on manual operation of system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 Filters compliant with NFPA96	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 System meets U.L. 300 / 1254 standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Protected (left to right):

FRONT SIDE- KETTLE, DBL STEAM, HOT TOP W. SHFL
BACK SIDE - 2 DBL PIZZA OVENS

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Compliant Non-Compliant Proposal to follow to correct deficiencies

Comments / Non-Compliance: _____

Allstate Fire Equipment Agent: Kalil Thomas *Hall* Date: 2/18/2020

Customer's Authorized Agent: _____ Date: 2/18/2020

If testing for Authority Having Jurisdiction: _____ Status: _____

AHJ Print: _____ Testing Date: _____

AHJ Signature: _____ Jurisdiction: _____



ALLSTATE FIRE EQUIPMENT
New England's Leader in Fire Protection

System Tagged:



Caps Affixed to all Nozzles:



Cartridge Installed Correctly:



If deficiencies noted, please add photos below:



Service completed by:

Service completion date: 2/18/2020