Fire Sprinkler System Checklist

Existing Sprinkler System: MOVING OR ADDING HEADS  Yes_____  No_____  

Type of Hazard: Light: _____  Ordinary: _____  Extra: _____  

Pipe Schedule: _________  Hydraulic Calculation: _______________________

Coverage:  Complete: _________  Partial (specify) _______________________

Light Hazardous Locations:

__________________________________________________________________________________________________

Ordinary Hazardous Locations:

__________________________________________________________________________________________________

Extra Hazardous Locations:

__________________________________________________________________________________________________

Design Area: ________________________________________________________________

Square Feet of design Area: ________________________________________________

Most Remote Sprinkler Location: ____________________________________________

Residual Pressure at Highest Point: ___________________________  PSI: ______________

Inspector Test Valve Location: _____________________________________________

Sprinkler Heads:

Up-rights: ____________  Type: ________________  Temp. Rating: ________________

Pendants: ____________  Type: ________________  Temp. Rating: ________________

Sidewall: ____________  Type: ________________  Temp. Rating: ________________

Dry Pend.: ____________  Type: ________________  Temp. Rating: ________________
Other Sprinkler Head not listed:

__________________________________________________________________________________________________
__________________________________________________________________________________________________

Ancillary Equipment:

Alarm Check Valve:    Yes _____  No _____
Flow Alarm:     Yes _____  No _____
    Water:_____  Electric:_____ 
Tamper Switches:    Yes _____  No _____
Spare Sprinkler:      Type: __________      Quantity: __________
    Type: __________      Quantity: __________

All sprinkler system with F.D.C are required to be with secured Knox F.D.C. Locking, Caps with Swivel Guard.

Permit Number: __________________________________________
Premises Owner: __________________________________________
Premises Location: __________________________________________
Name of Installer/ Company: __________________________________________
License/ Certification No.: __________________________________________
Installer’s Company Phone: __________________________________________

Sprinkler System Installer:
Name: ____________________________  Sign: _________________________  Date: __________________

Contractor:
Name: ____________________________  Sign: _________________________  Date: __________________

This form must be filled out and signed with two (2) signatures, and returned with one copy of the Sprinkler System plan on a CD in PDF form accompanied with SF041 Installation Certificate.

“Making Montgomery County a Safer Community Through Investigation, Fire Prevention and Education”