



PYRENE FIRE SECURITY MAN.

16 Mazenod Road, Unit #6
Winnipeg, Manitoba
R2J 4H2
Phone: (204) 783-0470
Fax: (204) 783-1130

Sprinkler Systems Inspection Report

Customer Number: _____
Report Number: _____
Date: _____

Building Name: _____
Address: _____
Building: _____

To Be Answered By Owner Or Owner's Representative

- A. Have there been any changes to the occupancy/hazard since the previous inspection? Yes No N/A
- B. Have any changes been made to the fire protection systems since the last inspection? Yes No N/A
- C. Has the system piping been checked for obstructive materials?
(Recommended every 5 years) Date: _____ Yes No
- D. Have the dry system(s) been checked for proper pitch?
(Recommended every 5 years) Date: _____ Yes No N/A
- E. Are dry pipe valves and wet system piping adequately protected from freezing? Yes No

General

- A. Are all sprinkler systems in service? Yes No
- B. Is the building completely sprinklered? Yes No
- C. Do all sprinkler heads have at least 18" clearance from obstructions? Yes No
- D. In areas protected by wet systems, does the building appear to be properly heated in all areas, including blind attics, perimeter areas, and are all exterior openings protected against entrance of cold air? Yes No N/A
- E. Is the fire department connection free of obvious obstructions; couplings move freely; caps and plugs in place? Yes No N/A
- F. Is the fire department connection check valve not leaking and ball drip functioning? Yes No N/A
- G. Does the fire department connection have proper signage on the outside of the building? Yes No N/A

Control Valves

- A. Are all sprinkler system control valves in the appropriate open or closed position? Yes No N/A

Water Supplies

- A. Was a 2" main drain test performed and results satisfactory? Yes No N/A

Wet System

Number of alarm valves: _____ size, make, model: _____

Number of water flow switches: _____ size, make, model: _____

- A. Are cold weather valves open or closed as necessary? Yes No N/A
- B. Is/are the anti-freeze system(s) operational and left in satisfactory condition? Yes No N/A

Anti-Freeze #1 _____ Temp: _____ Anti-Freeze #3 _____ Temp: _____

Anti-Freeze #2 _____ Temp: _____ Anti-Freeze #4 _____ Temp: _____

- C. Are alarm valves, water flow indicators, and retards in satisfactory condition? Yes No N/A
- D. Is the excess pressure pump operational? Yes No N/A

System Pressure: _____

Dry Systems

Number of systems: _____ size, make, model: _____

- A. Is the dry pipe valve in service and in good condition? Yes No N/A
- B. Is the air pressure and priming water level normal? Yes No N/A
- C. Is the air compressor in good condition, and oil level correct? Yes No N/A
- D. Were all low points drained? Yes No N/A
- E. Number of low points: _____
- F. Does this system require winterization (are there low points present)? Yes No N/A
- G. Is the ball drip operational? Yes No N/A
- H. Is the valve house and heater condition satisfactory? Yes No N/A

Special Systems

- A. Type of system: _____
- B. Number of systems: _____
- C. Size, make, model: _____
- D. Type of actuation devices: _____
- E. Were all valves tested as required? Yes No N/A

Alarms

- A. Water motor gong operational: Yes No N/A
- B. Flow/pressure switch(es) operate properly: Yes No N/A
- C. Tamper/low air/low water switch(es) operate properly: Yes No N/A
- D. Central station alarm signal sent and confirmed: Yes No N/A
- E. Central station trouble/supervisory signal sent and confirmed: Yes No N/A

Local fire alarm panel: _____ Location of fire alarm panel: _____
 Monitoring station: _____ System Number: _____
 Phone Number: _____ Passcode: _____

Sprinkler Piping

- A. Are the sprinkler heads in good condition, not obstructed and free of corrosion or paint? Yes No N/A
- B. Are extra sprinklers and wrench readily available: Yes No N/A
- C. Is the condition of piping, drain valves, check valves, hangers, pressure gauges and open sprinklers satisfactory: Yes No N/A
- D. Are the sprinklers less than 50 years old: If no, date last tested: _____ Yes No N/A

Additional technicians
Conducting the Test: _____

 Name Signature
 Printed Name and Signature of Primary or Supervising Technician Conducting the Test. _____

Dry Pipe Valve Trip Test Table

Dry Pipe Valves		System Number:	System Number:	System Number:
Valve Serial Number				
Manufacturer				
Valve Model				
Valve Size				
Controlling Sprinklers	Location			
	Number	Approx.	Approx.	Approx.
Date Last Trip Tested				
Date Last Trip Tested Wet				
Air Pressure Before Test		lbs.	lbs.	lbs.
Size Of Test Valve				
Location Of Test Valve				
Was Controlling Valve Open		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number Of Turns				
Valve Tripped At	Air Pressure	lbs.	lbs.	lbs.
	Time	Min. Sec.	Min. Sec.	Min. Sec.
Water Reached Test In		Min. Sec.	Min. Sec.	Min. Sec.
Valve Condition	Body Interior	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Moving Parts	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Rubber Facing	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Seats	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
	Reset	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Did Alarms Operate At Trip		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
All Low Points Blown Out		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Water Control Valve Open		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Alarm Line Left Open		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Quick Opening Devices				
Manufacturer				
Type				
Model				
Device Serial Number				
Air Pressure Before Test		lbs.	lbs.	lbs.
Tripped At		Sec. lbs.	Sec. lbs.	Sec. lbs.
Performance		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Left In Service		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No