

Moorhead Fire Department, Fire Suppression Annual Inspection Form

INSPECTING CONTRACTOR INFORMATION

Company _____
 Minnesota License # _____
 Address _____
 City, State, Zip _____
 Phone # _____

PROPERTY INSPECTED

Name _____
 Street Address _____
 Inspection Date _____
 Contact person for Property _____
 Phone # _____

111 12th Street North, Moorhead, MN 56560

Fire Administration Office: (218) 299-5493



INSPECTION – SPRINKLER SYSTEM

(Respond to all statements)

YES ☐ NO ☐

YES NO N/A

GENERAL

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Visual inspection of entire system. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. There have been no modifications to the system since the last inspection. |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. All systems are in service. |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. All water filled piping is located in heated areas. |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Control valves are in the open position. |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Control valves are locked open. |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Control valves are monitored by tamper switches. |

PIPING & HANGERS

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8. No indication of serious corrosion. |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Non-system materials or equipment are not supported from sprinkler piping. |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Hangers are secured to piping and the building structure. |

FIRE DEPARTMENT CONNECTION

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 11. FDC is accessible & unobstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Inlets are not obstructed by foreign material. |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Plugs or caps are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Swivel connections turn freely. |

SPRINKLERS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Sprinklers are visually free of corrosion, paint or foreign materials. |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Sprinklers are less than 50 years old. |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Residential & quick response sprinklers are less than 20 years old. |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Sprinklers are of proper temperature rating. |
| <input type="checkbox"/> | <input type="checkbox"/> | 19. The stock of spare sprinklers is of adequate number and type. |
| <input type="checkbox"/> | <input type="checkbox"/> | 20. Sprinkler spray patterns are not obstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 21. All protected areas have adequate sprinkler coverage. |
| <input type="checkbox"/> | <input type="checkbox"/> | 22. Dry pendent sprinklers older than 10 years replaced |
| <input type="checkbox"/> | <input type="checkbox"/> | 23. Sprinklers are not subject to recall |

WET SYSTEM

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 24. Antifreeze systems satisfactorily tested (see attached report). |
|--------------------------|--------------------------|---|

DRY SYSTEMS YES ☐ NO ☐

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 25. Air pressure set at correct level. |
| <input type="checkbox"/> | <input type="checkbox"/> | 26. Air supply system tested and operational. |
| <input type="checkbox"/> | <input type="checkbox"/> | 27. Dry valve successfully trip tested and returned to service. |
| <input type="checkbox"/> | <input type="checkbox"/> | 28. All supervisory devices successfully tested. |
| <input type="checkbox"/> | <input type="checkbox"/> | 29. Dry pipe room heated. |
| <input type="checkbox"/> | <input type="checkbox"/> | 30. Exhausters and quick-opening devices successfully tested. |
| <input type="checkbox"/> | <input type="checkbox"/> | 31. All low points drained. |

PREACTION & DELUGE SYSTEMS YES ☐ NO ☐

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 32. The system was successfully trip tested and returned to service. |
|--------------------------|--------------------------|--|



YES NO N/A

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 33. All supervisory devices successfully tested. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 34. The fire detection system was successfully tested |

OTHER

- | | | | |
|--------------------------|--------------------------|--------------------------|----------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 35. Other (explain): _____ |
|--------------------------|--------------------------|--------------------------|----------------------------|

INSPECTION – STANDPIPE SYSTEM YES ☐ NO ☐

(Respond to all statements)

YES NO N/A

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 36. Visual inspection of entire system. |
| <input type="checkbox"/> | <input type="checkbox"/> | 37. There have been no modifications since the last inspection. |
| <input type="checkbox"/> | <input type="checkbox"/> | 38. All systems are in service. |
| <input type="checkbox"/> | <input type="checkbox"/> | 39. Control valves are in the open position. |
| <input type="checkbox"/> | <input type="checkbox"/> | 40. Control valves are locked open or have tamper switches. |
| <input type="checkbox"/> | <input type="checkbox"/> | 41. No indication of serious corrosion. |
| <input type="checkbox"/> | <input type="checkbox"/> | 42. Hangers and supports are secured to pipe and building structure. |
| <input type="checkbox"/> | <input type="checkbox"/> | 43. FDC is accessible and unobstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | 44. FDC inlets are not obstructed by foreign material |
| <input type="checkbox"/> | <input type="checkbox"/> | 45. FDC plugs and caps are in place. |
| <input type="checkbox"/> | <input type="checkbox"/> | 46. FDC swivel connections turn freely. |
| <input type="checkbox"/> | <input type="checkbox"/> | 47. Hose valves are operable and have caps. |
| <input type="checkbox"/> | <input type="checkbox"/> | 48. Hose in racks have been tested in last 5 years and have adjustable nozzles. |

FIRE PUMP

YES ☐ NO ☐

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 49. Visually inspected and in service, w/ service tag. |
|--------------------------|--------------------------|--|

TESTING

(Respond to all statements)

YES NO N/A DEVICES TESTED

- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 50. Main drain/water supply test.
Static _____ psi Residual _____ psi |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 51. Flow switches activation time: _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 52. Tamper switches |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 53. Dry pipe valve trip test - (see attached report).
Water to insp. test connection
Time: _____ Air psi trip point _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 54. Preaction or deluge valve trip test (see attached report) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 55. Pressure reducing valves (see attached report) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 56. Exterior horn/strobe |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 57. Fire pump (see attached report) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 58. Appropriate signals received at monitoring station |

Attach explanations for "NO" answers: _____

INSPECTOR:

Printed Name _____ Phone _____

Signature _____ Date _____

(Leave area below blank for AHJ use)
