

## RESIDENTIAL FIRE SPRINKLER SYSTEM Final Inspection Checklist

APPLICANT: _____	FIRE DEPT. FILE #: _____
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PROJECT LOCATION: _____
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SPRINKLER CONTRACTOR: _____
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	DATE	FAIL	PASS	DATE
<b>1. WATER METER TO RISER</b>				
a. Meter size per plans and calcs. (valve is "open")	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Shut-off Valve controls both sprinkler riser & domestic system (valve is "open" & above finish grade)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Underground as per plans (size & length)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>2. RISER &amp; ALARM DEVICE</b>				
a. Activation of bell (ring bell first, then check static pressure)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Static pressure at the riser meets or exceeds calculations	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Flow Test - look for partially closed valves (excessive pressure drop)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Riser is properly strapped	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>3. WALK -THROUGH INSPECTION</b>				
a. Sprinkler heads per plans are model _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Heads are not painted or damaged	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Heads are not obstructed (lighting, moved walls, etc.)	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Sprinkler heads - escutcheon plates are in place and finished height met manufacturer's recommendations	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

CORRECTIONS AND NOTES: \_\_\_\_\_  
 \_\_\_\_\_

<b>FINAL SPRINKLER INSPECTION</b>	
BY: _____	DATE: _____

### FINAL FIRE DEPT. CONSTRUCTION CLEARANCE

	DATE	FAIL	PASS	DATE
1. Permanent address numbers are properly posted	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Weed Abatement - 30 Foot Minimum or as noted on Plans	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

CORRECTIONS: \_\_\_\_\_  
 \_\_\_\_\_

<b>FINAL FIRE DEPT. CONSTRUCTION CLEARANCE:</b>	
BY: _____	DATE: _____