



# Downey Fire Department

11111 Brookshire Boulevard  
Downey, California 90241  
(562) 904-7345



## FIVE YEAR SPRINKLER CERTIFICATION REPORT

Service and maintenance report for automatic fire extinguishing systems, including fire sprinklers, dry, deluge, and pre-action systems, hose cabinets, plus on-site fire hydrants, alarm and supervisory equipment attached to those systems. (As per Title 19, Health and Safety Code, NFPA and the City of Downey Fire Department)

Business Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Testing Agency \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Inspector \_\_\_\_\_

License # and Type \_\_\_\_\_

Fire Department Inspector \_\_\_\_\_

**NOTE: Notify the City of Downey Fire Department at least 48 hours prior to test at (562) 904-7345**

Test Witnessed: Yes \_\_\_\_\_ No \_\_\_\_\_ By Whom \_\_\_\_\_

System Design/Density(s) \_\_\_\_\_ Head Temp \_\_\_\_\_ Orifice Size \_\_\_\_\_

**Explain all No Answers on Last Page**

Yes No N/A

**1. General**

- A. Are all systems in services? \_\_\_\_\_
- B. Is the building completely sprinklered and are all areas protected as per NFPA, Fire and Building Code, and the City of Downey Fire Department regulations? \_\_\_\_\_
- C. Is required clearance of stock or storage maintained below sprinkler piping/heads? \_\_\_\_\_

**2. Fire Department Connection**

- A. Are fire department connections in satisfactory condition; (threads, couplings free, caps in place, check valves tight, gaskets in place and in good condition)? \_\_\_\_\_
- B. Was backflush of F.D.C. completed? \_\_\_\_\_
- C. Are all inlets accessible and 14" to 24" above grade? \_\_\_\_\_
- D. Are metal identification signs in place? \_\_\_\_\_
- E. Is the red paint in satisfactory condition? \_\_\_\_\_

**3. Control Valves**

- A. Are all sprinkler system main control valves open? \_\_\_\_\_
- B. Are all other valves in the proper position? \_\_\_\_\_
- C. Are all control valves in good condition, locked open and/or supervised? \_\_\_\_\_
- D. Are all control valves unobstructed and accessible? \_\_\_\_\_
- E. Are identification signs for all control valves and locations provided? \_\_\_\_\_

	Open		Secured		Signs		Operated	
	Yes	No	Yes	No	Yes	No	Yes	No
F. City Connection Valve								
Tank Control Valve								
Pump Control Valves								
Sectional Control Valves								
System Control Valves								
P.I.V. and/or O.S.Y. Valves								
Underground Gate Valves								

**4. Risers, Gauges, Inspectors Test**

- A. Water flow test conducted using main drain valves? Yes \_\_\_ No \_\_\_
- B. Alarm tested at inspectors test valve? Yes \_\_\_ No \_\_\_

D. Riser Number	Test Pipe Size	Accuracy of Existing Gauge	Pressure Before	Flow Pressure	Pressure After	Local Alarm Within 90 Seconds

**\*NOTE: If a 10 lb. or greater drop is recorded, problems may exist.**

- E. Are all risers, gauges and bracing in satisfactory condition? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- F. Are the correct spare sprinkler heads (temp., type) and wrenches provided in the spare sprinkler box adjacent to risers? Yes \_\_\_ No \_\_\_ N/A \_\_\_

**5. Sprinklers – Piping**

- A. Are all sprinklers in good condition, not obstructed and free of corrosion or paint? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- B. Are sprinklers less than 50 years old? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- C. Is condition of piping, drain valves, check valves, hangers, pressure gauges satisfactory? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- D. Have sprinklers been checked for proper temperature rating? Yes \_\_\_ No \_\_\_ N/A \_\_\_

**6. 1 1/2" Hose and Related Equipment**

- A. Are valves fully operable and was minimum of 5 gallons of water flowed from each? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- B. Was cabinet inspected for accessibility and condition? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- C. Was hose removed and service tested as per NFPA 1962 at 5 years after purchase date and every 5 years thereafter? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- D. Are the correct nozzles provided? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- E. Are all required gaskets in good condition? Yes \_\_\_ No \_\_\_ N/A \_\_\_
- F. Hose Type: Lined \_\_\_ Unlined \_\_\_ Purchase Date \_\_\_\_\_

**Note: Replacement hose to Meet C.B.C. Standard – current edition**

**7. Dry, Deluge, Preaction Systems**

- |   | Yes | No  | N/A |
|---|-----|-----|-----|
| A. Were all system components inspected for condition and serviceability? | ___ | ___ | ___ |
| B. Is air pressure and priming water level normal?                        | ___ | ___ | ___ |
| C. Was air compressor tested to insure good working order?                | ___ | ___ | ___ |
| D. Were low points drained during fall and winter inspections?            | ___ | ___ | ___ |
| E. Were all quick opening devices tested?                                 | ___ | ___ | ___ |
| F. Have dry valves been trip tested satisfactorily as required?           | ___ | ___ | ___ |
| G. Are dry valves adequately protected from freezing?                     | ___ | ___ | ___ |
| H. Are valve house and heater condition satisfactory?                     | ___ | ___ | ___ |
| I. Were activating devices tested? (Heat and Smoke Detectors)             | ___ | ___ | ___ |

**8. On-Site Fire Hydrants**

- |  |     |     |     |
|--|-----|-----|-----|
| A. Have all hydrant stems, threads and caps been inspected for damage?   | ___ | ___ | ___ |
| B. Were all outlets on each hydrant fully opened and closed to insure a smooth operation?  | ___ | ___ | ___ |
| C. Were the hydrant shut-off valves closed and fully reopened to insure adequate water flow?   | ___ | ___ | ___ |
| D. Are all hydrants easily accessible and are the outlets 14" to 24" above grade?  | ___ | ___ | ___ |
| E. Are all necessary crash posts in place?   | ___ | ___ | ___ |
| F. Are all hydrants/posts painted Traffic Signal Yellow?   | ___ | ___ | ___ |
| G. This department requires a flow test during this inspection.<br>Provide the GPM _____ and PSI _____ available from the most remote hydrant. |     |     |     |

**9. Alarm and Supervisory Equipment:**

Note: With the adoption of the 2007 California Fire Code, all new and updated systems shall be supervised by a listed and approved service.

- A. Name of Monitoring Company \_\_\_\_\_ Phone \_\_\_\_\_  
 Account# \_\_\_\_\_ Time Notified \_\_\_\_\_
- |  | Yes | No  |
|--|-----|-----|
| B. Have all alarm and supervisory equipment (tamper, flow switches, etc.) been tested? | ___ | ___ |
| C. Did all supervisory equipment operate as designed during the test?                  | ___ | ___ |
- D. Record all alarm times, location (riser #1, P.I.V., system #1, etc.) and type of equipment (tamper, flow switch, bell, etc.) during each test or service.

Equipment Location	Equipment Type	Time of Each Alarm Test	Time Alarm Company Recorded Receipt of EACH Alarm Test

**\*Repair and Retest: If defects are found in equipment tested, correction of such defects shall commence IMMEDIATELY and shall be completed as soon as possible, but in every case within 30 days of initial test. At the completion of repair, the system or device shall be retested as necessary to determine that it is fully operable. The City of Downey Fire Department shall be notified at least two working days prior to retesting.**

