



Village of East Hampton
1 Cedar Street
East Hampton, NY 11937
DEPARTMENT OF FIRE PREVENTION
Telephone 631-324-0763 Fax 631-324-0166

Kenneth E. Collum
Fire Marshal

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WATER SPRINKLER SYSTEM REPORT OF INSPECTION

Occupancy Name: _____

Street: _____

Fire District: East Hampton

Phone: () _____ - _____

Date: _____

1. GENERAL

- | | YES | N/A | NO |
|--|--------------------------|--------------------------|--------------------------|
| a) Is the building occupied? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
| b) Is occupancy the same as the previous inspection? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
| c) Are all systems in service? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
| d) Are all fire protection systems the same as the last inspection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e) Is the building completely sprinklered? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
| f) Are all new additions & building changes properly protected? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g) Is all stock or storage properly below the sprinkler piping? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h) In areas protected by wet systems, does the building appear to be properly heated in all areas? Including blind attics, and perimeter areas & are all exterior openings protected against the entrance of cold air? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. CONTROL VALVES (See Section 13)

- | | | | |
|---|--------------------------|-----|--------------------------|
| a) Are all sprinkler system main control valves open? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
| b) Are all other valves in the proper position? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
| c) Are all control valves in good condition & sealed or supervised? | <input type="checkbox"/> | *** | <input type="checkbox"/> |

3. WATER SUPPLIES (See Section 14)

- | | | | |
|---|--------------------------|-----|--------------------------|
| a) Was the water flow test made & results satisfactory? | <input type="checkbox"/> | *** | <input type="checkbox"/> |
|---|--------------------------|-----|--------------------------|

4. TANKS, PUMPS, FIRE DEPARTMENT CONNECTIONS

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a) Are fire pumps, gravity tanks, reservoirs & pressure tanks in good condition and properly maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Are fire department connections in satisfactory condition, couplings free, caps in place & painted green & check valves tight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) | | | |

5. WET SYSTEMS (Installed Yes No If no, delete this section)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| a) Are cold weather valves open or closed as necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Have anti-freeze systems been tested & left in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Are alarm valves, water flow indicators & retards in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

- 6. DRY SYSTEMS** (Installed Yes No (If no, delete this section)
- a) Is the dry valve in good condition?
- b) Is air pressure & priming water level normal?
- c) Is the air compressor in good condition?
- d) Were low points drained during fall & winter inspections?
- e) Are Quick Opening Devices in service?
- f) Has piping been checked for the stoppage with in past 10 years?
- g) Has piping been checked for proper pitch within 5 years?
- h) Have dry valves been trip tested satisfactorily, as required?
- i) Are dry valves adequately protected from freezing?
- j) Valve house & heater condition satisfactory?
- 7. SPECIAL SYSTEMS** (Installed Yes No If no, delete this section)
- a) Were valves tested as required?
- b) Were all heat-responsive systems tested & results satisfactory?
- c) Were all supervisory features tested & results satisfactory?
- 8. ALARMS**
- a) Water motor & gong tested satisfactorily?
- b) Electric alarm tested satisfactorily?
- c) Supervisory alarm service test satisfactory?
- 9. SPRINKLERS - PIPING**
- a) Are all sprinklers in good condition, not obstructed, & free of corrosion or loading? ****
- b) Are all sprinklers less than 50 years old? ****
- c) Are extra sprinklers & wrench readily available? ****
- d) Is the condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, and strainers satisfactory? ****
- e) Are all sprinklers of proper temperature rating? ****
- 10. DATE DRY SYSTEM PIPING LAST CHECKED FOR STOPPAGE:** _____
- 11. DATE DRY SYSTEM PIPING LAST CHECKED FOR PROPER PITCH:** _____
- 12. DATE DRY PIPE VALVE LAST TRIP TESTED:** _____
- 13. CONTROL VALVES** Yes No

	INDICATE TYPE	OPEN	SECURED	CLOSED	SIGNS	CONDITION
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	(OS & Y, PIV)	YES	NO	YES	NO	YES	NO	YES	NO	
CITY CONNECTION VALVE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
TANK CONTROL VALVES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PUMP CONTROL VALVES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECTIONAL CONTROL VALVES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SYSTEM CONTROL VALVES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

14. WATER FLOW TEST

Water Pressure City ____ PSI Tank ____ PSI Fire Pump ____ PSI

Water Flow Test: (If none made, why?) _____

Test Pipe Located	Test Pipe Size	Pressure Before	Flow Pressure	Pressure After
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INSPECTOR'S TEST CONNECTION

MAIN DRAIN TEST

15. ARE ELECTRICALLY OPERATED BELLS INSTALLED WITHIN THE PROTECTED PREMISES? YES NO
 IF SO, WERE THESE BELL INSPECTED FOR OPERATION? YES NO
 WERE BATTERIES FOR SAME INSPECTED/REPLACED AS NEEDED? YES NO

16. RECENT CHANGES IN BUILDING OCCUPANCY OR FIRE PROTECTION EQUIPMENT: _____

17. ADJUSTMENTS OR CORRECTIONS MADE: _____

18. WERE ALL NOTED DEFICIENCIES CORRECTED? IF NO, WHY NOT? _____

19. DESCRIBE IMPROVEMENTS: _____

Inspector: _____

Company: _____

Company address: _____

Company phone: (____) _____ - _____

I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

Any false statement made herein is punishable by 210.45 of NYS Penal Law.

 Signature of Inspector