



**AUTOMATIC SPRINKLER SYSTEM
CONFIDENCE REPORT**

Occupancy Number _____
Date of Inspection: _____ Technician (*print*) _____
Sprinkler Company: _____ Telephone: _____
Occupancy Name: _____
Address: _____

System # ____ Size ____ Type: Wet/Dry/Preaction / ____ System # ____ Size ____ Type: Wet/Dry/Preaction / ____
System # ____ Size ____ Type: Wet/Dry/Preaction / ____ System # ____ Size ____ Type: Wet/Dry/Preaction / ____

GENERAL INFORMATION

1. Occupancy: Assembly Mercantile Office Storage High Rise (7 + stories)
 Use/Storage of Hazardous Materials Stock Piled over 12' High Other _____
2. Describe fire protection modifications since last inspection _____
3. Describe any fires since last inspection _____
4. Date sprinkler system installed _____
5. Previous type of occupancy at that time _____
6. When was the system piping last checked for stoppage, corrosion or foreign material _____

INSPECTOR'S SECTION (all responses reference current inspection) Yes No N/A

1. General
 - a. Is the system hydraulically designed ___ ___ ___
 - b. If hydraulically designed, are risers properly marked per NFPA 13 ___ ___ ___
 - c. If not hydraulically designed indicate the piping schedule
Light ____ Ordinary ____ Extra ____ Special ____
 - d. Are all areas of building provided with sprinkler protection per NFPA 13 ___ ___ ___
 - e. Height of building (stories or feet) _____
 - f. Is the building occupied ___ ___ ___
 - g. In areas protected by wet system, does building appear to be properly heated
in all areas, including blind attics and perimeter areas where accessible ___ ___ ___
 - h. Do all exterior openings appear to be protected against freezing ___ ___ ___
 - i. Does the exterior condition of the sprinkler system appear satisfactory ___ ___ ___
2. Control Valves
 - a. Are all control valves in the appropriate position and locked, sealed or
equipped with a tamper switch ___ ___ ___
3. Fire Department Connections
 - a. Are fire department connections in good condition and properly maintained ___ ___ ___
 - b. Are fire department connection couplings free, caps in place, check valves
tight, and ball drips functional ___ ___ ___
 - c. Date fire department connection was last back-flushed _____

Mail To: Thurston County Fire Marshal's Office, Building 1
 2000 Lakeridge Drive SW
 Olympia WA 98502-6045

FACILITY _____

8. Main Drain Water Flow Tests Made at Sprinkler Risers

System #	Test Pipe Location	Size Test Pipe	Static Pressure Before (Above Clapper)	Residual (Flow) Pressure	Static Pressure After
	Riser / _____	2" / 1 1/4" / 3/4" / _____			
	Riser / _____	2" / 1 1/4" / 3/4" / _____			
	Riser / _____	2" / 1 1/4" / 3/4" / _____			
	Riser / _____	2" / 1 1/4" / 3/4" / _____			

9. Explain Applicable "No" Answers and Comments

10. Adjustments Or Corrections Made During This Inspection

11. Although These Comments Are Not The Result Of An Engineering Review, The Following Desirable Improvements Are Recommended

System # _____ is:

- operational
- operational with defects
- not operational

System # _____ is:

- operational
- operational with defects
- not operational

System # _____ is:

- operational
- operational with defects
- not operational

System # _____ is:

- operational
- operational with defects
- not operational

This is to certify that this automatic sprinkler system has been inspected and tested in accordance with the standard adopted by the Washington State Fire Marshal and NFPA Standards 13 and 25.

Name _____ Title _____ Date _____
(signature of Contractor)

Name _____ Title _____ Date _____
(signature of Owner's Representative)