City of Arcadia
FIRE DEPARTMENT
FIRE PREVENTION BUREAU
710 S. Santa Anita Avenue
Arcadia, CA 91006
(626) 574-5104 Fax (626) 445-1819

5 YEAR TEST – REPORT FIRE EXTINGUISHING SYSTEMS AND EQUIPMENT

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, California Code of Regulations, NFPA, and the Arcadia Fire Department.

BASIC INFORMATION *(All fields are required – do not leave blank)*

Business Name: _____ Testing Date: _____

Address: _____ Certified Date: _____

Contact: _____ Telephone: _____

Occupancy Type: _____ Construction Type: _____ # of Stories: ___ Year Constructed: _____

Testing Agency: _____ Test Performed By: _____

Testing Agency Address and Phone #: _____

State License # and Type(s): _____ Expiration Date: _____

Arcadia Business License #: _____ Expiration Date: _____

NOTES:

1. *A copy of this report is to be sent to Arcadia Fire Department within seven (7) calendar days of test. If corrections are necessary, send an updated copy after all required repairs for certification.*
2. *Contact Arcadia Fire Department to arrange an appointment to witness the FDC back flush (fee applies).*

FDC back flush witnessed: Yes _____ No _____ By Fire Inspector _____

System Design/Density(s): _____ Head Temp: _____ Orifice Size: _____

Explain All "No" Answers On Last Page

	Yes	No
1. General		
A. Are all systems in service?	_____	_____
B. Is building completely sprinklered and are all areas protected as per NFPA, Fire and Building Codes?	_____	_____
C. Is required clearance of stock or storage maintained below sprinkler piping/heads?	_____	_____

2. Fire Department Connection

	Yes	No
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. Are all inlets accessible and 18" to 24" above grade?	_____	_____
C. Are metal identification signs in place, including address sign?	_____	_____
D. Is the FDC painted red? (All FDCs shall be painted red unless exception is approved by the Fire Marshal.)	_____	_____

3. Control Valves

	Yes	No
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 and locked open and/or supervised?	_____	_____
D. Are all control valves unobstructed and accessible?	_____	_____
E. Are identification signs for all control valves and locations provided (storage rooms, closets)?	_____	_____

F.

	OPEN		SECURED		SIGNS		OPERATED		NA
City connection valve	Yes	No	Yes	No	Yes	No	Yes	No	
Tank control valves	Yes	No	Yes	No	Yes	No	Yes	No	
Pump control valves	Yes	No	Yes	No	Yes	No	Yes	No	
Sectional control valves	Yes	No	Yes	No	Yes	No	Yes	No	
System control valves	Yes	No	Yes	No	Yes	No	Yes	No	
PIV and/or OS&Y valves	Yes	No	Yes	No	Yes	No	Yes	No	
Underground gate valves	Yes	No	Yes	No	Yes	No	Yes	No	

4. Risers, Gauges, Inspectors Test

A. Water flow test conducted using inspectors test valve? Yes _____ No _____

B. ***Tester*** shall install test gauge at each test gauge opening in order to determine the accuracy of existing gauges.

C. # of Risers _____

	Yes	No
D. Are all risers, gauges and four-way bracing in satisfactory condition?	_____	_____
E. Are the correct spare sprinkler heads (temp/type) and wrenches provided in the spare sprinkler box adjacent to risers?	_____	_____

5. Sprinklers – Piping

(The following includes those components located in accessible concealed spaces.)

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

6. 1½" Hose and Related Equipment

	Yes	No	NA
A. Are valves fully operable and was a minimum of 5 gallons of water flowed from each?	_____	_____	_____
B. Was cabinet inspected for accessibility and condition?	_____	_____	_____
C. Was host removed and service tested as per NFPA 1962 (1998) at 5 years after purchase date and every 3 years thereafter?	_____	_____	_____
D. Are the correct nozzles provided?	_____	_____	_____
E. Are all required gaskets in good condition?	_____	_____	_____

F. Hose Type: Lined? _____ Unlined: _____ Purchase Date: _____

NOTE: Replacement hose to meet NFPA 14 current edition.

7. Dry, Deluge, Pre-action Systems

	Yes	No	NA
A. Were all system components inspected for condition and serviceability?	_____	_____	_____
B. Is air pressure and priming water level normal?	_____	_____	_____
C. Was air pressure tested to ensure good working order?	_____	_____	_____
D. Were all quick opening devices tested?	_____	_____	_____
E. Have dry valves been trip tested satisfactorily as required (annually)?	_____	_____	_____
F. Were activating devices tested? (Heat/Smoke Detector)	_____	_____	_____

8. On-Site Fire Hydrants

	Yes	No	NA
A. Have all hydrant stems, threads and caps been inspected for damage?	_____	_____	_____
B. Were all outlets on each hydrant fully opened and closed to ensure a smooth operation?	_____	_____	_____
C. Were the hydrant shut-off valves closed and fully reopened to ensure adequate water flow?	_____	_____	_____

	Yes	No	NA
D. Are all hydrants easily accessible and are the outlets 18" to 24" above grade?	_____	_____	_____
E. Are all necessary crash posts in place?	_____	_____	_____
F. Are all hydrants/posts painted yellow?	_____	_____	_____

G. This department requires a flow test during this inspection.

Provide the GPM _____ and PSI _____ available from the most remote hydrant.

9. Alarm and Supervisory Equipment

(Note: All new and updated systems shall be supervised by a listed and approved service as per CFC 903.4.)

A. Name of Monitoring Company: _____

Phone: _____ Account #: _____ Time Notified: _____

	Yes	No	NA
B. Have all alarm and supervisory equipment (tampers, flow switches, etc.) been tested?	_____	_____	_____
C. Did all supervisory equipment operate as designed during the test?	_____	_____	_____

D. Record all alarm times, location (riser #1, PIV; system #1, etc.) and type of equipment (tamper, flow switch, bell, etc.) during each test of service.

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

Repair and Re-test: 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 thirty (30) calendar days of initial test. At the completion of repair, the system or device shall be re-tested as necessary to determine that it is fully operable. Failure to do so will result in City citations and/or fines.

Comments for any "No" answers or explanations:

Service Label: A service label conforming to Title 19, Section 906, shall be securely attached to a system only after all deficiencies have been corrected as per Title 19, Section 904.2.d.

I hereby certify that the fire protection equipment indicated in this report has been tested in accordance with the State of California Health and Safety Code, Title 19, State Fire Marshal's Office, and Arcadia Fire Department requirements, and is in proper operating condition and a service label has been affixed to each riser or system.

Test Report Prepared By:

Testing Agency _____ Name _____
(print)

Title _____ Name _____
(signature)