

## Moorhead Fire Department, Fire Suppression Annual Inspection Form

### INSPECTING CONTRACTOR INFORMATION

Company \_\_\_\_\_  
 Minnesota License # \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_

### PROPERTY INSPECTED

Name \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 Inspection Date \_\_\_\_\_  
 Contact person for Property \_\_\_\_\_  
 Phone # \_\_\_\_\_

111 12th Street North, Moorhead, MN 56560  
 Fire Administration Office: (218) 299-5433



### INSPECTION – SPRINKLER SYSTEM

(Respond to all statements) YES  NO

#### YES NO N/A

#### GENERAL

- 1. Visual inspection of entire system.
- 2. There have been no modifications to the system since the last inspection.
- 3. All systems are in service.
- 4. All water filled piping is located in heated areas.
- 5. Control valves are in the open position.
- 6. Control valves are locked open.
- 7. Control valves are monitored by tamper switches.

#### PIPING & HANGERS

- 8. No indication of serious corrosion.
- 9. Non-system materials or equipment are not supported from sprinkler piping.
- 10. Hangers are secured to piping and the building structure.

#### FIRE DEPARTMENT CONNECTION

- 11. FDC is accessible & unobstructed.
- 12. Inlets are not obstructed by foreign material.
- 13. Plugs or caps are in place.
- 14. Swivel connections turn freely.

#### SPRINKLERS

- 15. Sprinklers are visually free of corrosion, paint or foreign materials.
- 16. Sprinklers are less than 50 years old.
- 17. Residential & quick response sprinklers are less than 20 years old.
- 18. Sprinklers are of proper temperature rating.
- 19. The stock of spare sprinklers is of adequate number and type.
- 20. Sprinkler spray patterns are not obstructed.
- 21. All protected areas have adequate sprinkler coverage.
- 22. Dry pendent sprinklers older than 10 years replaced
- 23. Sprinklers are not subject to recall

#### WET SYSTEM

- 24. Antifreeze systems satisfactorily tested (see attached report).

#### DRY SYSTEMS YES NO

- 25. Air pressure set at correct level.
- 26. Air supply system tested and operational.
- 27. Dry valve successfully trip tested and returned to service.
- 28. All supervisory devices successfully tested.
- 29. Dry pipe room heated.
- 30. Exhausters and quick-opening devices successfully tested.
- 31. All low points drained.

#### PREACTION & DELUGE SYSTEMS YES NO

- 32. The system was successfully trip tested and returned to service.



#### YES NO N/A

- 33. All supervisory devices successfully tested.
- 34. The fire detection system was successfully tested

#### OTHER

- 35. Other (explain): \_\_\_\_\_

### INSPECTION – STANDPIPE SYSTEM

(Respond to all statements) YES  NO

#### YES NO N/A

- 36. Visual inspection of entire system.
- 37. There have been no modifications since the last inspection.
- 38. All systems are in service.
- 39. Control valves are in the open position.
- 40. Control valves are locked open or have tamper switches.
- 41. No indication of serious corrosion.
- 42. Hangers and supports are secured to pipe and building structure.
- 43. FDC is accessible and unobstructed.
- 44. FDC inlets are not obstructed by foreign material
- 45. FDC plugs and caps are in place.
- 46. FDC swivel connections turn freely.
- 47. Hose valves are operable and have caps.
- 48. Hose in racks have been tested in last 5 years and have adjustable nozzles.

#### FIRE PUMP YES NO

- 49. Visually inspected and in service, w/ service tag.

#### TESTING

(Respond to all statements)

#### YES NO N/A DEVICES TESTED

- 50. Main drain/water supply test.  
Static \_\_\_\_\_ psi Residual \_\_\_\_\_ psi
- 51. Flow switches activation time: \_\_\_\_\_
- 52. Tamper switches
- 53. Dry pipe valve trip test - (see attached report).  
Water to insp. test connection  
Time: \_\_\_\_\_ Air psi trip point \_\_\_\_\_
- 54. Preaction or deluge valve trip test (see attached report)
- 55. Pressure reducing valves (see attached report)
- 56. Exterior horn/strobe
- 57. Fire pump (see attached report)
- 58. Appropriate signals received at monitoring station

Attach explanations for "NO" answers: \_\_\_\_\_

**INSPECTOR:**  
 Printed Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

(Leave area below blank for AHJ use)

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