

Wet Fire Sprinkler System Inspection Report



Location Code: CJTKMTH

Contact: Joanne

Contact Address: 13536 N NOAH CT
KAMAS, UT 84036-1283

Phone: 801-819-4007

Email: rasmussen.joanne24@gmail.com

Property Evaluated: Rasmussen Residence (Assembly)
13536 N NOAH CT
KAMAS, UT 84036-1283

Description: Wet (Antifreeze/Wet)

Work Order: 1037-0025516-001

Company: Delta Fire Systems, Inc.

Address: 1507 South Pioneer Road
Salt Lake City, UT 84104-4113

Company Phone: 801-972-4500

Company Fax: 801-972-6563

Inspector: Zachary Maxfield
S106221(Spk)

Date of Work: 5/30/2019

Frequency: Annual

Tag: White

Attached Files

The are no attachments for this submission

Deficiency Summary

Status: Open

5.h

h. If able to test while onsite, can the anti-freeze solution be reliably determined and is an acceptable solution?
Glycerine

Status: Open

5.i

i. Is the Anti-Freeze solution concentration in excess of or below what is permitted?
Well below, sample was to low to gather a reading.

Status: Open

5.j

j. Do any of the results indicate an incorrect freeze point for the system?
Can not obtain a freezer rating for system due to the antifreeze being out of range

Status: Open

7.e

e. Are extra sprinklers heads available on the premises in a head cabinet, along with the appropriate head wrench?
No head box on property

Status: Open

7.f

f. Is a list of the installed sprinkler heads kept in the spare head cabinet?
No head box

General Comments

These items are outside the regular scope of the required inspection and are not the result of an engineering review. This information is not intended to be all-inclusive but rather a list of items discovered as a by-product of the required inspection.

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Delta Fire Systems, Inc.
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Salt Lake City, UT 84104-4113
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Wet Fire Sprinkler System Inspection Report

Tag _____ White _____
Inspection Frequency: _____ Annual _____
Property Being Evaluated: _____
Rasmussen Residence (Assembly) _____
Owner: _____
Joanne _____
Owner's Phone Number: _____
801-819-4007 _____
Property Address: _____
13536 N NOAH CT, KAMAS, UT, 84036-1283 _____

1. General

A. (To be filled out by the Owner or Owner's Representative)

Has the Owners section been answered on another inspection report that will be submitted with this inspection report? ☐ Yes ☒ No

Answers to the following questions should be for all fire and life safety systems and not limited to the scope of the present inspection form.

1. Has the occupancy, machinery, or operations remained the same since the last inspection? ☒ Yes ☐ No
2. Has the system(s) remained in service without modifications or repairs since the last inspection? ☒ Yes ☐ No
3. If a fire has occurred since the last inspection, have all damaged sprinkler system components been replaced? ☐ Yes ☐ No ☒ N/A
4. Has there been an internal inspection of the piping within the last 5 years? ☐ Yes ☐ No ☒ N/A
- 4a. Date last checked (Checking is recommended at least every 5 years) _____ Installed July 25, 2016
5. Have fire pumps had a curve test completed in the past 12 months? ☐ Yes ☐ No ☒ N/A
6. Are gravity, surface, or pressure tanks protected from freezing? ☐ Yes ☐ No ☒ N/A
7. Are any sprinkler heads or other sprinkler system components exposed to harsh conditions (ie. Corrosive atmospheres, extreme temperatures, etc.) ☐ Yes ☒ No ☐ N/A
8. Do any systems contain low-point drains, excluding wet systems? (Please note - Low point drains should be emptied of condensation on a regular basis) ☐ Yes ☐ No ☒ N/A
9. Does the valve room have adequate heat to maintain a minimum of 40 F? ☒ Yes ☐ No ☐ N/A

The above answers are verified as accurate and current by the undersigned Owner or Owner's Representative for all fire and life safety systems.

Owner Signature _____

Printed _____

Title _____

Date _____

B. (To be answered by the inspector)

- a. Is System in service upon arrival? ☒ Yes ☐ No
- b. Was the alarm panel free of alarm and trouble signals upon arrival? (If no, please explain in comments) ☐ Yes ☐ No ☒ N/A
- c. Does there appear to be proper clearance between the top of all storage and the sprinkler deflector? ☒ Yes ☐ No ☐ N/A
- d. Does it appear that visible exterior openings are protected against the entrance of cold air? ☒ Yes ☐ No ☐ N/A

2. Control Valves

- a. Do Control Valves appear to be free of damage/leaks? ☒ Yes ☐ No
- b. Are all control valves sealed, secured, or supervised in the open position? ☒ Yes ☐ No

3. Water Supplies

- a. Water Supply Source ☒ City ☐ Private
- ☐ Pressure Fire Pump & Tank ☐ Pressure Fire Pump & City ☐ Pressure Fire Pump & Pond
- b. Include main drain test table? ☐ Yes ☒ No

4. Tanks, Pumps, Fire Dept. Connections

- a. Appears that the F.D.C. is in satisfactory condition, couplings free, caps or plugs in place and check valves tight? ☐ Yes ☐ No ☒ N/A
- b. Are fire department connections visible, accessible, and identification sign(s) in place? ☐ Yes ☐ No ☒ N/A
- c. Do fire pumps, gravity, surface and pressure tanks appear to be in good external condition and properly maintained? ☐ Yes ☐ No ☒ N/A

5. Wet Systems



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- a. Do Valve and Trim appear to be free of damage/leaks and in good condition? ☒ Yes ☐ No ☐ N/A
d. Is the Hydraulic Name Plate, if required, securely attached and legible? ☒ Yes ☐ No ☐ N/A
e. Are all known and accessible cold weather valves in the appropriate open or closed position? ☐ Yes ☐ No ☒ N/A
f. Are there anti-freeze system(s) at this location? ☒ Yes ☐ No ☐ N/A
g. Include detailed anti-freeze entry? ☒ Yes ☐ No
h. If able to test while onsite, can the anti-freeze solution be reliably determined and is an acceptable solution? ☐ Yes ☒ No ☐ N/A
i. Is the Anti-Freeze solution concentration in excess of or below what is permitted? ☒ Yes ☐ No ☐ N/A
j. Do any of the results indicate an incorrect freeze point for the system? ☒ Yes ☐ No ☐ N/A
k. Where the system(s) contain CPVC sprinkler pipe, is the anti-freeze solution glycerine based? ☒ Yes ☐ No ☐ N/A

6. Alarms

- a. Did the water motor gong operate during testing? ☐ Yes ☐ No ☒ N/A
b. Did the electric alarms operate during testing? ☒ Yes ☐ No ☐ N/A
c. Did alarms activate within appropriate time? ☒ Yes ☐ No ☐ N/A
d. Did the supervisory alarms operate during testing? ☐ Yes ☐ No ☒ N/A
e. Was the alarm panel clear of alarm and trouble signals upon departure? (If no, please explain in comments) ☐ Yes ☐ No ☒ N/A

7. Systems, Sprinklers, and Piping (Inspected at the ground level)

- a. Do all gauges appear to be in good condition and read within normal range? ☒ Yes ☐ No ☐ N/A
b. Are all of the gauges dated within 5 years or compared to a calibrated gauge? ☒ Yes ☐ No ☐ N/A
c. Do sprinkler heads generally appear to be free of damage, corrosion, paint, loading and visible obstruction, and appear to be installed in the correct orientation? ☒ Yes ☐ No ☐ N/A
d. Do escutcheons and cover plates for recessed, flush, and concealed sprinklers generally appear to be installed? ☒ Yes ☐ No ☐ N/A
e. Are extra sprinklers heads available on the premises in a head cabinet, along with the appropriate head wrench? ☐ Yes ☒ No ☐ N/A
f. Is a list of the installed sprinkler heads kept in the spare head cabinet? ☐ Yes ☒ No ☐ N/A
Make/Model of Heads: Residential concealed heads TY3596 (2016)
g. Does the exterior condition of fire sprinkler system appear to be satisfactory? ☒ Yes ☐ No ☐ N/A
h. Have all dry heads known to be more than 10 years old been replaced or a sample tested? ☐ Yes ☐ No ☒ N/A
i. Have all QR heads known to be more than 20 years old been replaced or a sample tested? ☐ Yes ☐ No ☒ N/A
j. Have all SR heads known to be more than 50 years old been replaced or a sample tested? ☐ Yes ☐ No ☒ N/A
k. Do all known high-temp and sprinklers subject to harsh conditions appear to be less than 5 years old? ☐ Yes ☐ No ☒ N/A
l. Does the hand hose valve(s) on the sprinkler system appear to be in satisfactory condition? ☐ Yes ☐ No ☒ N/A
m. Do all visible pipe supports/hangers and seismic bracing appear to be in good condition? ☒ Yes ☐ No ☐ N/A

8. Observations

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Please see the summary section at the top of the form for the comments.

9. Adjustments or Corrections Made:

10. List Changes in the Occupancy Hazard or Fire Protection Equipment, as Advised by the Owner in Section 1A

11. Inspector Information:

Test Verification:

Inspected By

Inspector Signature

Zachary Maxfield

Inspector License:

S106221(Spk)

Date of Work

5/30/2019

Inspection Notes

Inspected property and found everything to be in great working condition. The only deficiencies that were found were the antifreeze levels were out of sampling range. System needs to be recharged with the correct glycerine solution level between 38%-48%. Also, found the head box and spare heads to not be installed on the property. Needs the head box and spare heads mounted in the mechanical room next to the riser.