

[illegible]

a. Did the deluge or pre-action valves operate properly during testing?.....

b. Did the heat-responsive devices operate properly during testing?.....

c. Did the supervisory devices operate during testing?.....

YES	N/A	NO
	X	
	X	
	X	

a. Did the water motor gong or outside bell test satisfactorily?.....

b. Did electric alarm test satisfactorily?.....

c. Did supervisory devices operate during testing?.....

X		
X		
X		

Code

Water-flow Response Time: 43 Seconds

- a. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?.....
- b. Are sprinklers less than 50 years old? (Sample testing required after 50 years).....
- c. Is stock of spare sprinklers available?.....
- d. Is spare head wrench available?.....
- e. Does the exterior condition of sprinkler system appear to be satisfactory?.....
- f. Temperature. Are sprinklers of proper temperature ratings for their locations?.....

		X
X		
X		
X		
X		
X		

	X	
--	---	--

	X	
--	---	--

	X	
--	---	--

	X	
--	---	--

### TRIP TEST TABLE

DRY PIPE OPERATING TEST  N/A	Dry Valve				Quick opening device						
	Make	Model	Serial #		Make	Model	Serial #				
	Air Compressor	Time to trip thru test pipe		Water Pressure  PSI	Air Pressure  PSI	Trip Point Air Pressure  PSI	Time water reached		Alarm operated		
	On:						test outlet		properly?		
	Off:	Minutes	Seconds				Min	Sec.	Yes	No	
	Without QOD										
	With QOD										
	If no, explain:										

[illegible]

#### 14. SPECIAL SYSTEMS

Control Valves	Number	Type	Open	Secured	Closed	Signs	Exercised
City connection control valves	1	GATE				X	X
Tank control valves							
Pump control valves							
Sectional control valves							
System control valves	1	BFV	X	X	X	X	X
Other control valves							

#### 15. EQUIPMENT

- a. Make & model number of sprinkler valve: Viking model E-1 4" inch
- b. Type of heads: V2708 155° chrome pendant, Viking model M 286° 3/4" inch brass upright
- c. Type of canopies: 401 white

#### 16. MAIN DRAIN TEST AT SPRINKLER RISER

Water supply source City ☒ Tank ☐ Pump ☐ PSI ☐ N/A ☐

Last water	Date	Test pipe location	Size Test Pipe	Initial Pressure	Static Pressure	Residual Pressure
Flow test	1/11/2017	Riser	2" inch	85	85	75
This water	Date	Test pipe location	Size Test Pipe	Initial Pressure	Static Pressure	Residual Pressure
Flow test	1/16/2018	Riser	2" inch	85	85	75

a. Did water pressure return to normal with in 90 seconds?..... ☒ X ☐ Pass ☐ Fail

17. Explain any "NO" answers & comments: In Korean Bowl Restaurant, when new ceiling was installed fire sprinkler coverage was never adjusted, need to drop four (4) pendant heads into ceiling. Fire panel is not sounding horn strobes when alarm is activated, need to have alarm technician come troubleshoot problem.

18. Adjustments or corrections made during this inspection: \_\_\_\_\_

19. Although these comments are not the result of an engineering review, the following desirable improvements are recommended: \_\_\_\_\_

Signature: Heath Dangerfield  
Utah State License Number: 61931

Date: 1/16/2018



# Fire Suppression Services, Inc.

3802 South 2300 East  
Salt Lake City, Utah 84109-3421  
Contractor License No. 92-252208-5501  
801.277.6464 • 800.273.6465 • 801.278.2199 - FAX

Service # # 28117  
Date 1/16/2018

## BACKFLOW ASSEMBLY TEST FORM

Type Of

Job Site Ocean Market  
5651 South 1900 West  
Roy, Utah 84067

Make Watts  
Model LF800M4  
Size 1/2" inch  
Serial Number 00728

Protection	Assembly
Irrigation	SVB
Domestic	PVB X
Individual	DC
Containment	RP
Fire Protection	DDC

Replacement ☐  
Existing ☐  
New ☐

Location Of Assembly \_\_\_\_\_

Assembly Connected To What Equipment \_\_\_\_\_

	CHECK VALVE #1	CHECK VALVE #2	DP RELIEF VALVE	SVB & PVB AIR INLET
INITIAL TEST	PSI Across <u>2.4</u>	PSI Across _____	Opened @ _____ PSI	Opened @ <u>1.7</u> PSI
	Close Tight <input checked="" type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input checked="" type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

REPAIRS	Parts		Parts		Parts		Parts	
	Cleaned	Installed	Cleaned	Installed	Cleaned	Installed	Cleaned	Installed
	<input type="checkbox"/>	Disk	<input type="checkbox"/>	Disk	<input type="checkbox"/>	Disk Diaphragm	<input type="checkbox"/>	Air Inlet
	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Spring	<input type="checkbox"/>	Disk
	<input type="checkbox"/>	Guide	<input type="checkbox"/>	Guide	<input type="checkbox"/>	Guide	<input type="checkbox"/>	Air Inlet
	<input type="checkbox"/>	Seat	<input type="checkbox"/>	Seat	<input type="checkbox"/>	Seat	<input type="checkbox"/>	Spring
	<input type="checkbox"/>	O-Rings	<input type="checkbox"/>	O-Rings	<input type="checkbox"/>	O-Rings	<input type="checkbox"/>	
	<input type="checkbox"/>	All Parts	<input type="checkbox"/>	All Parts	<input type="checkbox"/>	All Parts	<input type="checkbox"/>	All Parts
	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	OTHER
	Describe: _____		Describe: _____		Describe: _____		Describe: _____	

	PSI Across	PSI Across	Opened @	Opened @
FINAL TEST	_____	_____	_____ PSI	_____ PSI
	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

Assembly Passed Date : 1/16/2018

Failed Date : \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial Test By : Heath Dangerfield

Final Test By : \_\_\_\_\_

Repaired By : \_\_\_\_\_ Date : \_\_\_\_\_

TEST KIT INFORMATION	
Make Of The Test Kit	<u>Mid-West Instrument</u>
Model :	<u>845</u>
Serial Number :	<u>05081169</u>
Calibration Date :	<u>6/7/2013</u>

Facility Representative: Eugene Han

Back Flow

Inspectors Signature : Heath Dangerfield

Ut. Inspectors Number : #08065

Inspectors Number : #45-01369

I Certify the above has been performed and I am aware of the final performance





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Service # # 28117  
Date 1/16/2018

## BACKFLOW ASSEMBLY TEST FORM

Type Of

Job Site Ocean Market  
5651 South 1900 West  
Roy, Utah 84067

Make Watts  
Model LF800M4  
Size 1/2" inch  
Serial Number 29948

Protection	Assembly
Irrigation	SVB
Domestic	PVB <input checked="" type="checkbox"/>
Individual	DC
Containment	RP
Fire Protection	DDC

Replacement ☐  
Existing ☐  
New ☐

Location Of Assembly \_\_\_\_\_

Assembly Connected To What Equipment \_\_\_\_\_

	CHECK VALVE #1	CHECK VALVE #2	DP RELIEF VALVE	SVB & PVB AIR INLET
INITIAL TEST	PSI Across <u>2.1</u>	PSI Across _____	Opened @ _____ PSI	Opened @ <u>1.4</u> PSI
	Close Tight <input checked="" type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input checked="" type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

REPAIRS	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed	Parts Cleaned	Installed
		Disk		Disk		Disk Diaphragm		Air Inlet
	Spring		Spring		Spring		Disk	
	Guide		Guide		Guide		Air Inlet	
	Seat		Seat		Seat		Spring	
	O-Rings		O-Rings		O-Rings			
	All Parts		All Parts		All Parts		All Parts	
	OTHER		OTHER		OTHER		OTHER	
	Describe:		Describe:		Describe:		Describe:	

	PSI Across	PSI Across	Opened @	Opened @
FINAL TEST	_____	_____	_____ PSI	_____ PSI
	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>	Close Tight <input type="checkbox"/>
	Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>	Did Not Open <input type="checkbox"/>	Did Not Open <input type="checkbox"/>
			Leaked <input type="checkbox"/>	Leaked <input type="checkbox"/>

Assembly Passed Date : 1/16/2018

Failed Date : \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initial Test By : Heath Dangerfield

Final Test By : \_\_\_\_\_

Repaired By : \_\_\_\_\_ Date : \_\_\_\_\_

TEST KIT INFORMATION	
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Facility Representative: Eugene Han  
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