



Annual Inspection, Testing, and Maintenance Report for Fire Sprinkler / Standpipe Systems

Use this form to provide results and certify the sprinkler and standpipe systems in existing buildings.

PART 1

(A) Verification of Compliance

Identify the inspection results.

Refer to the "[How to submit a maintenance or an annual fire protection certification/report in eCLIPSE](#)" for step-by-step instructions.

(A) Inspection Result (*must select one*):

PASSED

This fire sprinkler and standpipe system(s) has been properly inspected for functional operation in accordance with the current Philadelphia Fire Code (FC) used by the department that has jurisdiction and NFPA 25 Standards adopted by the FC for this system.

FAILED

Part 7 of this form must be completed.

Deficiencies that are not corrected within 45 days of inspection must be reported to the Department through eCLIPSE.

Unsafe conditions requiring immediate correction may also be reported through 3-1-1.

(B) Property / Owner Information

Provide the address of the property where the testing was performed.

Provide the contact information for the building owner/owner's agent.

(B) Property / Owner Information

Property Address: _____

Building Owner's Name: _____

Address: _____

Email: _____ Phone: _____

(C) Contractor and Inspector Information

The fire suppression contractor must provide their contact information and license number, then sign and date.

The fire suppression system worker specialty inspector must provide their contact information as well as license and certification numbers.

(C) Fire Suppression Contractor and Fire Suppression System Worker Specialty Inspector Information

FS Contractor Name: _____

FS Contractor License #: _____

Email: _____ Phone: _____

FS Contractor Signature: _____ Date: _____

FSSW Inspector Name: _____

FSSW Inspector License #: _____ Certification #: _____

Email: _____ Phone: _____

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PART 2: OWNERS'S SECTION *(To be completed by the property owner or agent)*

Explain all 'No' answers, except as noted.

	Y	N		Y	N
1. Is the building occupied?			5. Has there been any modifications to the system since the last certification? <i>(If yes, explain)</i>		
2. Has the building occupancy or hazard or floor layout changed since the last certification? <i>(If yes, explain)</i>			6. Was there any action of alarm since the last certification? <i>(If yes, explain)</i>		
3. Are all systems kept in service?			7. Does this certification cover all fire sprinkler and standpipe systems in the building?		
4. Are the test results and Annual Certifications kept on site?					

Owner / Agent Signature: _____ Print Name: _____

Notify the Philadelphia Fire Department at 215-922-6000 before tests.

Out-of-Service Operator No. _____ In-Service Operator No. _____

PART 3: CERTIFICATE HOLDER'S SECTION *(All tests shall be in accordance with the Philadelphia Fire Code and NFPA 25)*

No. of Wet Systems: _____ Make: _____ No. of Dry Systems: _____ Make: _____

Model: _____ Model: _____

	Y	N	NA		Y	N	NA
8. Are sprinklers in good condition?				25. Are dry pipe system low point drains properly drained?			
9. Are sprinklers free of obstruction?				26. Is air pressure on dry pipe systems adequate?			
10. Are spare sprinklers and wrenches available?				27. Are dry pipe valve tests conducted with quick operating devices (QOD)?			
11. Are areas protected by wet systems properly heated?				28. Are tests of QOD's satisfactory?			
12. Are hydraulic nameplates in place on risers?				29. Are dry valves trip tested, results recorded, and left on site?			
13. Are alarm devices provided and in good condition?				30. Are dry valves full flow tested, recorded and left on site? <i>(3 year test 2020, 2023, 2026)</i>			
14. Do any sprinklers need to be tested or replaced? <i>(If yes, explain)</i>				31. Are air maintenance devices on dry systems tested satisfactory?			
15. Are all sprinkler pipes and fittings in good condition?				32. Are dry pipe valve rooms properly heated?			
16. Are gauges on all systems in good condition, indicating the proper pressure? <i>(Tested or replaced every 5 yrs)</i>				33. Do air pressure relief valves have the proper rating?			
17. Are all water flow alarm devices tested satisfactory?				34. Are PRV valves opened fully and verified that the pump was running?			
18. Are main drains tested on all systems, results recorded, and left on site?				35. Are results of full flow tests on pressure regulating valves recorded and left at site? <i>(5-yr test - 2020, 2025)</i>			
19. Are there any changes in drain tests form last year? <i>(if yes, explain)</i>				36. Are valves in proper open or closed position, and properly supervised?			
20. Drain Test: Location: _____ Size: _____ Before: _____ Flow: _____ After: _____				37. Are valves protected from damage, accessible & operable?			
21. Are hangers in good condition and securely attached to structure and piping?				38. Are low air pressure alarms on dry systems tested satisfactorily?			
22. Is the type of antifreeze agent listed on the tag?				39. Are deluge/preaction valves trip tested by detector satisfactorily, results left on site?			
23. Are the specific gravity test results for antifreeze systems acceptable?							
24. Are downstream pressures on pressure reducing valves satisfactory?							



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PART 3: CERTIFICATE HOLDER'S SECTION CONTINUED

	Y	N	NA		Y	N	NA
40. Are the preaction system supervisory air pressures, correct?				45. Are backflow preventers tested per the Plumbing Code?			
41. Are strainers checked and cleaned?				46. Are there Omega sprinklers on the system? <i>(If yes, describe how many and their location)</i>			
42. Are check valves given their 5-year maintenance? (Years 2020, 2025)				47. Are there O-ring voluntary recall sprinklers on the system? <i>(If yes, describe how many and their location)</i>			
43. Are the sprinkler piping given its 5-year internal inspection? (Years 2020, 2025)				48. Are there Star ME-1 recall sprinklers on the system? <i>(If yes, describe how many and their location)</i>			
44. Are backflow preventers operational?				49. Are there any other sprinklers on the system that have been recalled? <i>(If yes, describe type, how many and their location)</i>			

Number of Control Valves: _____ Type: _____

Open: Yes ___ No ___ Secured: Yes ___ No ___ Closed: Yes ___ No ___ Signs: Yes ___ No ___ Condition: _____

PART 4: FIRE DEPARTMENT CONNECTIONS

	Y	N	NA		Y	N	NA
50. Are Fire Department Connections visible and accessible with caps and plugs in place?				52. Are automatic drain valves / ball drips operating?			
51. Are proper signs in place per the Philadelphia Fire Code?				53. Are piping backflushed?			

PART 5: STANDPIPES: Yes No **TYPE:** Wet Dry

Class and Quantity of each: Class I _____ Class II _____ Class III _____

1. Static pressure at gauge: _____ psi 2. Flow condition at highest outlet: _____ gpm (Every 5 years – 2020, 2025...)

	Y	N	NA		Y	N	NA
54. Are fittings and piping in good condition?				62. Are hose threads correct to national standards?			
55. Are supports and hangers in good condition and well secured to piping and structure?				63. Are hose cabinet doors, glazing and latches in unobstructed good and condition?			
56. Are hose valve outlets free damage and obstruction?				64. Are hose cabinets adequately identified, free of obstructions and accessible?			
57. Are hose valve handles in place?				65. Are hoses removed, inspected and re-racked?			
58. Are outlet caps and gaskets in place?				66. Are hose test dates current? <i>(maximum 3 years, 5 years if new)</i>			
59. Are restricting devices in proper locations?				67. Are hose nozzles and gaskets in place?			
60. Is pressure regulating valves properly set?				68. Are hose nozzles operable and free of obstruction?			
61. Is a full flow test conducted by a method resulting in a documented minimum flow of 250 gallons and a minimum rate of 250 gpm? (5-year test 2020, 2025)				69. Are dry standpipes given their hydrostatic test <i>(5-year test 2020, 2025)</i>			



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PART 6: FIRE PUMP: Yes No

TYPE: Diesel Electric

	Y	N	NA		Y	N	NA
70. Are fire pumps flow tested with the results recorded and left on site?				77. Are pump controllers functioning properly and left in automatic mode?			
71. Do fire pumps operate per specification at chum, 100% and 150% flow?				78. Are batteries and cables in good condition?			
72. Are all relief valves functioning properly?				79. Are fuel tanks full?			
73. Are packing glands adjusted?				80. Is pump room ventilation operating properly?			
74. Are motor and pump bearings lubricated?				81. Are exhaust systems in good condition and properly insulated?			
75. Are pump alarms functioning properly?				82. Fire pumps connected to standby power, automatic transfer switch tested?			
76. Are engine coolant systems operating satisfactorily?							

PART 7: DEFICIENCIES: Check any that apply (Explain in comments section)

<input type="checkbox"/> System out-of-service / impaired	<input type="checkbox"/> Quick opening device inoperative
<input type="checkbox"/> Fire pump failure	<input type="checkbox"/> Dry pipe / preaction system failed
<input type="checkbox"/> Alarms failed	<input type="checkbox"/> Sprinkler painted or obstructed
<input type="checkbox"/> City supply inadequate	<input type="checkbox"/> Recalled sprinklers installed
<input type="checkbox"/> F.D.C. not compliant	
<input type="checkbox"/> Other (describe): _____ Comments _____ _____ _____	

PART 8: ADDITIONAL NOTES: (Add any additional notes)

Declaration & Signature

By accepting this statement, I, the certified technician shown on this form, certify that this fire sprinkler and standpipe system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building owner/owner's agent for corrective action.

The certification must be presented by the Contractor to the building owner/owner's agent upon completion and shall be maintained on the property and made available for inspection upon request.

Signature of FSSW: _____

Date: _____