DEPARTMENT OF LICENSES AND INSPECTIONS

INSTRUCTIONS FOR THE AUTOMATIC FIRE SPRINKLER AND STANDPIPE SYSTEMS, SPECIAL HAZARD FIRE EXTINGUISHING SYSTEMS, CERTIFICATE OF INSPECTION FORMS AND COVER SHEET

The Philadelphia Fire Code Advisory Committee developed the Certificate of Inspection form for automatic fire sprinkler and standpipe systems and a second form for special hazard systems. From time to time the committee recommends revisions to the forms to improve the process and to keep pace with new codes and standards. The latest revised forms approved in October 2003 are addressed in these instructions. The Committee consists of representatives of the fire protection industry, the Fire Department and representatives of units of the Department of Licenses and Inspections that have responsibility for enforcement of the Fire Code.

The "Automatic Fire Sprinkler and Standpipe Systems" form consists of three pages and the "Special Hazard Fire-Extinguishing Systems" form consists of two pages. Both are to be accompanied by the "Cover Sheet" which is a common document for both forms. The forms are intended to be self explanatory, but a few directions follow.

COVER SHEET

- The "Date of Submission" is the date that the certification is submitted to the Department of Licenses and Inspections.

Section I

- The "Property Name" is a name commonly used by the inspected building such as "City Hall."
- The "Property Address" is to include the house number, direction and street name plus the zip code of the inspected property, such as "2345 East Main Street – 19100." It is not necessary to include "Philadelphia, PA" in the address.
- The third blank contains the "Owner's Name."
- The fourth blank contains the "Owner's Address," which must include the house number, direction, street name, city, state and zip code of the property owner. Post Office Boxes are not acceptable as an address.
- The next blank is to be completed with the date that the last previous certification inspection was completed. If this is undeterminable, enter "unknown."

Section II

- This section is for the certifier to check the automatic fire extinguishing and standpipe systems that are included in the certification.
- Indicate if the system is "Existing" or "New." If the system is a new installation, list the Building Permit Number under which the system was installed.

Section III

- Check whether the system was free of deficiencies and was certified or whether there were deficiencies that prevent certification.
- Use the blanks in this section to explain any deficiencies that preclude certification. In some cases, all that will be necessary here is to refer to the explanation of Item numbers that follows on the item listing.

Section IV

- The "Test Date" is the date that the inspection was conducted.
- The Fire Suppression System Contractor's License number is to be placed in the blank.
- In the "Certificate Holder" section, the responsible certificate holder will print and sign their name on the first and second lines respectively, and include their certificate number on the last blank.

- The box in the lower right of the cover sheet is to be embossed with the impression seal of the company that performed the certification. The impression seal is required to be used on all paper copies submitted to the Department of Licenses and Inspections and the owner. The purpose of the seal is primarily for the protection of the certifier with the intent of preventing fraudulent copies from being presented in court or other official proceedings. It is advisable that the seal be used on any paper copies of the certification issued by the certifying contractor for their own protection.

AUTOMATIC FIRE SPRINKLER AND STANDPIPE SYSTEMS CERTIFICATION FORM

- At the top of page 1, the first box contains the address of the inspected property. As on the cover sheet, the address is to include the house number, direction, street name and zip code of the inspected property.
- The inspecting and certifying contractor must provide their name and complete address including house number, direction, street, city, state and zip code in the second box. Post Office Boxes are not acceptable. The space at the end of this box is to contain the license number of the inspecting and certifying contractor.
- Section A contains seven questions that must be answered by the owner or owner's representative. Note that Questions #2, #5 and #6 must be explained if the response is "Yes." The responding owner or owner representative's name and signature are required below the seven questions.
- Below the owner's signature are two blanks where the certifier is to fill in the Fire Department Operator number of the person at the Fire Department who received the calls from the certifier. The first call is required to notify the Fire Department that the fire protection system is to be taken out of service and the second call is placed when the system is returned to service.
- Items #8 through #79 are to be answered by the certifier with the general rule that "No" answers must be explained in the "Comments" section on page 3, unless noted otherwise. These items are consecutively numbered starting with Section A through Section E to avoid any confusion in the "Comments" section. Where the "NA" box is shaded, "NA" is not an acceptable response.
- Items that relate to a five-year test are noted that the item is to be tested next in the year 2005. This simplifies the process for the certifying contractor, the building owners, and the Department of Licenses and Inspections.
- The blanks at the beginning of Section B are to be completed with the number, make and model of wet and dry systems that are included in the certification.
- The blanks at the end of Section B are to be completed with information regarding the status of the control valves and their related instructional signs.
- To properly test the waterflow alarm devices, it is the responsibility of the fire suppression contractor to flow water by opening the inspector's test connection to confirm proper function of the water flow alarm, pressure switches and flow switches. This test also includes manually operating all control valves to test tamper and alarm functions. The fire alarm system inspector will not flow water and will only confirm an electrically supervised signal from the flow switch to the panel as required by NFPA 72.
- Section D relates to standpipes. If there are no standpipes in the subject building, the "No" blank is to be checked and the remainder of Section D is skipped. If there are standpipes in the building, the "Yes" blank is checked and the section is to be completed.
- Section E relates to fire pumps. If there is no fire pump serving the subject system, the "No" blank is to be checked and the remainder of Section E is skipped. If there is a fire pump, the "Yes" blank is checked and the section is to be completed.
- The bottom of page 2 contains space for the Certificate I holder's name and date of the tests on the first line. The second line contains the signature of the Certificate I holder responsible for the inspection and that person's Certificate Number. The third line contains the printed name of the inspector who performed the inspection and tests at the site, if different from the certificate holder. If the site inspector is the Certificate Holder listed on the previous lines, indicate "Same" in this space.
- The "Comment" section on page 3 is provided for explanations. If more space is needed, attach additional sheets. Be sure to precede each explanation with the appropriate item number.

SPECIAL HAZARD FIRE EXTINGUISHING SYSTEMS CERTIFICATION FORM

- At the top of page 1, the first box contains the address of the inspected property. As on the cover sheet, the address is to include the house number, direction, street name and zip code of the inspected property.
- The inspecting and certifying contractor must provide their name and complete address including house number, direction, street, city, state and zip code in the second box. Post Office Boxes are not acceptable. The space at the end of this box is to contain the license number of the inspecting and certifying contractor.
- Section A contains seven questions that must be answered by the owner or owner's representative. Note that Questions #2, #5 and #6 must be explained if the response is "Yes." The responding owner or owner representative's name and signature are required below the seven questions.
- Below the owner's signature are two blanks where the certifier is to fill in the Fire Department Operator number of the person at the Fire Department who received the calls from the certifier. The first call is required to notify the Fire Department that the fire protection system is to be taken out of service and the second call is placed when the system is returned to service.
- Items #8 through #35 are to be answered by the certifier with the general rule that "No" answers must be explained in the "Comments" section on page 2, unless noted otherwise. These items are consecutively numbered starting with Section A through Section D to avoid any confusion in the "Comments" section.
- The check boxes and blanks in Section B are to be completed with the class and type of system along with such information as the system ID number, location, make and model of the systems that are included in the certification.
- Section C relates to special hazard system inspection results. This section will not be used If the certification is for range hood systems only.
- Section D relates to range hood fire extinguishing system inspection results. If there is no range hood system included in the inspection and certification, Section D is skipped.
- The "Comment" section on page 2 is provided for explanations. If more space is needed, attach additional sheets. Be sure to precede each explanation with the appropriate item number.
- The bottom of page 2 contains space for the Certificate 2 holder's name and date of the tests on the first line. The second line contains the signature of the Certificate 2 holder responsible for the inspection and that person's Certificate Number. The third line contains the printed name of the inspector who performed the inspection and tests at the site, if different from the certificate holder. If the site inspector is the Certificate Holder listed on the previous lines, indicate "Same" in this space.

CITY OF PHILADELPHIA

DATE OF SUBMISSION

TO: Department of Licenses and Inspections
Commercial and Industrial Fire Inspection Unit
990 Spring Garden Street, 3rd Floor, Philadelphia, PA 19123

COVER SHEET — AUTOMATIC FIRE EXTINGUISHING & STANDPIPE SYSTEMS INSPECTION AND CERTIFICATION

SECTION I

Property Name: _____

Property Address: _____

Owner's Name: _____

Owner's Address: _____
(P.O. Box Numbers are not acceptable)

Date of last Certification: _____

SECTION II

I certify that I have tested and examined the following system(s) at the above referenced location, and left it/them in service as of the test date.

Automatic Fire Extinguishing System(s): Sprinkler _____ Wet Chemical _____ Clean-agent _____ Halon _____
Foam _____ Dry Chemical _____ Carbon Dioxide _____ Other _____

Standpipe System(s): Class I _____ Class II _____ Class III _____

System is: Existing _____ New _____ (If new, provide Building Permit No.) _____

SECTION III

The test(s) was/were conducted in accordance with the requirements of the applicable NFPA standards and the Philadelphia Fire Code.

_____ The results of the test(s) indicate(s) that no elements of the system(s) were found to be defective on this date.

_____ The results of the test(s) indicate(s) that certain elements of the system(s) were found to be defective on this date and the system could not be certified. (Explain below – attached additional sheets if necessary)

_____

_____

_____

_____

_____

SECTION IV

Test Date: _____ Fire Suppression Contractor's License No. _____

Certificate Holder: _____
Print Name

_____
Signature

_____
Certificate Number

PLACE THE COMPANY IMPRESSION SEAL IN THE BOX TO THE RIGHT

CITY OF PHILADELPHIA — DEPARTMENT OF LICENSES AND INSPECTIONS
CERTIFICATE OF INSPECTION
AUTOMATIC FIRE SPRINKLER AND STANDPIPE SYSTEMS
(ALL TESTS SHALL BE IN ACCORDANCE WITH THE PHILADELPHIA FIRE CODE AND NFPA 25)

LOCATION OF TEST (List Building Number and Street)
TESTING CONTRACTOR (Name and Address) License No.

IN ALL SECTIONS BELOW: Y = YES, N = NO, NA = NOT APPLICABLE (EXPLAIN ALL "NO" ANSWERS EXCEPT AS NOTED)

A. OWNER'S SECTION (TO BE ANSWERED BY OWNER OR AGENT)

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

OWNER/AGENT SIGNATURE _____ PRINT NAME _____

CALL THE FIRE DEPARTMENT AT 215-922-6000 BEFORE TESTS — OUT-OF-SERVICE # _____ IN-SERVICE # _____

B. CERTIFICATE HOLDER'S SECTION

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

Model: _____ Model: _____

	Y	N	NA		Y	N	NA
8. Were sprinklers in good condition and free of obstruction?				25. Were dry pipe system low point drains properly drained?			
9. Were spare sprinklers and wrenches available?				26 Was air pressure on dry pipe systems adequate?			
10. Were areas protected by wet systems properly heated?				27. Were dry pipe valve tests conducted with quick operating devices (QOD)?			
11. In spray areas, were heads free of accumulation?							
12. Were hydraulic nameplates in place on risers?				28. Were tests of QOD's satisfactory?			
13. Were alarm devices provided and in good condition?				29. Were dry valves trip tested, results recorded, and left at site?			
14. Do any sprinklers need to be tested or replaced? (If yes, explain)				30. Were dry valves full flow tested, recorded and left at the site? (3-year test — 2005)			
15. Were all sprinkler pipes and fittings in good condition?							
16. Were gauges on all systems in good condition, indicating the proper pressure, and less than 5 years old?				31. Were air maintenance devices on dry systems tested satisfactorily?			
17. Were all waterflow alarm devices tested satisfactorily?				32. Were dry pipe valve rooms properly heated?			
18. Were main drains tested on all systems, results recorded, and left at the site?				33. Do air pressure relief valves have the proper rating?			
19. Were there any changes in drain tests from last year? (If yes, explain)				34. Were PRV valves opened fully and verified that the pump was running?			
20. DRAIN TEST: Location: Size: Before: Flow: After:				35. Were results of full flow tests on pressure regulating valves recorded and left at the site? (5-year test — 2005)			
21. Were hangers in good condition and securely attached to structure and piping?				36. Were valves in proper open or closed position, and properly supervised?			
22. Was the type of antifreeze agent listed on the tag?				37. Were valves protected from damage, accessible & operable?			
23. Were antifreeze system specific gravities tested, proper, and recorded at the site?				38. Were low air pressure alarms on dry systems tested satisfactorily?			
24. Were downstream pressures on pressure reducing valves satisfactory?				39. Were deluge/preaction valves trip tested by detector satisfactorily and results left at the site?			

B. (CONTINUED)

	Y	N	NA		Y	N	NA
40. Were preaction system supervisory air pressures correct?				45. Were backflow preventers tested per the Plumbing Code?			
41. Were strainers checked and cleaned?				46. Were there Omega sprinklers on the system? (If yes, describe how many and their location)			
42. Were check valves given their 5-year maintenance? (Year 2005)				47. Were there O-ring voluntary recall sprinklers on the system? (If yes, describe how many and their location)			
43. Was the piping in sprinkler systems given its 5-year internal inspection? (Year 2005)				48. Were there Star ME-1 recall sprinklers on the system? (If yes, describe how many and their location)			
44. Were backflow preventers operational?				49. Were there any other sprinklers on the system that have been recalled? (If yes, describe type, how many and their location)			

No. of Control Valves _____ Type _____

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

C. FIRE DEPARTMENT CONNECTIONS

50. Were Fire Department connections visible and accessible with caps and plugs in place?				52. Were automatic drain valves/ball drips operating?			
51. Were proper signs in place per the Philadelphia Fire Code?				53. Was piping backflushed?			

D. 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 — 2005)

54. Were fittings and piping in good condition?				62. Were hose threads correct to national standard?			
55. Were supports and hangers in good condition and well secured to piping and structure?				63. Were hose cabinet doors, glazing and latches in good condition?			
56. Were hose valve outlets free of damage and obstruction?				64. Were hose cabinets identified, free of obstructions and accessible?			
57. Were valve handles in place?				65. Were hoses removed, inspected and re-racked?			
58.Were outlet caps and gaskets in place?				66. Were hose test dates current? (Maximum 3 years, 5 years if new)			
59. Were restricting devices in proper locations?							
60 Were pressure regulating valves properly set?				67. Were hose nozzles and gaskets in place?			
61. Was full flow test conducted by a method resulting in a documented minimum flow of 250 gallons and a minimum rate of 250 gallons per minute? (5-year test — 2005)				68. Were hose nozzles operable and free of obstruction?			
				69. Were dry standpipes given their hydrostatic test? (5-year test — 2005)			

E. FIRE PUMP Yes _____ No _____

Type of Fire Pump: Diesel _____ Electric _____ Natural Gas _____

70. Were fire pumps flow tested and results recorded and left at the site?				77. Were pump controllers functioning properly and left in automatic mode?			
71. Did fire pumps operate per specification at churn, 100% and 150% flow?				78. Were batteries and cables in good condition?			
72. Were all relief valves functioning properly?				79. Were fuel tanks full?			
73. Were packing glands adjusted?				80. Was pump room ventilation operating properly?			
74. Were motor and pump bearings lubricated?				81. Were exhaust systems in good condition?			
75. Were pump alarms functioning properly?				82. Where the fire pump is connected to standby power, was the automatic transfer switch tested			
76. Were engine coolant systems operating satisfactorily?							

CERTIFICATE 1 HOLDER NAME (PRINT) _____ TEST DATE _____

CERTIFICATE 1 HOLDER (SIGNATURE) _____ CERTIFICATE NUMBER _____

SITE INSPECTOR NAME (PRINT) _____

COMMENTS (*ATTACH ADDITIONAL SHEETS IF NECESSARY*)

CITY OF PHILADELPHIA — DEPARTMENT OF LICENSES AND INSPECTIONS
CERTIFICATE OF INSPECTION
(Cover Sheet must accompany Inspection Form)

SPECIAL HAZARD FIRE-EXTINGUISHING SYSTEMS

(ALL TESTS SHALL BE IN ACCORDANCE WITH THE PHILADELPHIA FIRE CODE AND THE APPROPRIATE NFPA STANDARD)

LOCATION OF TEST (List Building Number and Street)
TESTING CONTRACTOR (Name and Address) License No.

IN ALL SECTIONS BELOW: Y = YES, N = NO

(EXPLAIN ALL "NO" ANSWERS EXCEPT AS NOTED IN THE "COMMENTS / DEFICIENCIES DESCRIPTION" SECTION)

A. OWNER'S SECTION (TO BE ANSWERED BY OWNER OR AGENT)

	Y	N		Y	N
1. Is the building occupied?			5. Have there been any modifications to the system(s) since the last certification? (If yes, explain)		
2. Has the building occupancy or hazard or floor layout changed since the last certification? (If yes, explain)			6. Was there any action or alarm since the last certification? (If yes, explain)		
3. Are all systems in service?			7. Does this certification cover all special hazard fire extinguishing systems in the building?		
4. Are test results kept on file?					

OWNER/AGENT SIGNATURE _____ PRINT NAME _____

CALL THE FIRE DEPARTMENT AT 215-922-6000 BEFORE TESTS — OUT-OF-SERVICE # _____ IN-SERVICE # _____

B. SYSTEM INFORMATION:

System: ? Special Hazard (Skip Section D) ? Range Hood (Skip Section C)

System ID Number: _____ Location: _____

Suppression System Manufacturer: _____ Model Number: _____

System Type: ? Carbon Dioxide ? Halon ? Dry Chemical ? Other

? Foam ? Clean Agent ? Wet Chemical

C. SPECIAL HAZARD FIRE EXTINGUISHNG SYSTEM INSPECTION RESULTS

	Y	N		Y	N
8. Was the system in service with no impairments?			16. Were manual release / abort switches unobstructed?		
9. Were all control valves open?			17. Were manual release / abort switches in place and operational?		
10. Was the Special Hazard (releasing) Control Panel in normal mode, not in alarm or trouble?			18. Were protected areas not compromised (lack of door closers, dampers or HVAC shut-down or auxiliary function failure)?		
11. Were all initiating devices operational?			19. Did protected areas have appropriate notification devices (audible / visual)?		
12. Were the primary agent supply and expellant pressures within acceptable range?			20. Was secondary power operational?		
			21. Was the special hazard system interconnected to the building's fire alarm system (if present)?		
13. Was the agent tank within hydro test period?					
14. Were agent hoses within hydro test period?			22. Other? (*write in*)		
15. Were agent hoses in good condition?					

D. RANGE HOOD FIRE EXTINGUISHING SYSTEM INSPECTION RESULTS

	Y	N		Y	N
23. Was the system in service with no impairments?			31. Were filters, hood and duct clean?		
24. Were all appliances protected?			32. Were cylinders within hydro test period?		
25. Were nozzles and piping not blocked and unobstructed?			33. Was the system connected to the building's fire alarm system (if provided)?		
26. Were shut-offs for gas and electric that produce heat operational?			34. Were fire extinguishing systems for new cooking appliances or appliances that were replaced in the past year in compliance with UL300?		
27. Were manual releases not blocked and unobstructed?					
28. Were manual releases in place and in good repair?			35. Other (write in)		
29. Were agent / expellant gas levels in the appropriate range?					
30. Was the exhaust system in service?					

COMMENTS / DEFICIENCY DESCRIPTION (Attach additional sheets if necessary)

CERTIFICATE 2 HOLDER NAME (PRINT) _____ TEST DATE _____

CERTIFICATE 2 HOLDER (SIGNATURE) _____ CERTIFICATE NUMBER _____

SITE INSPECTOR NAME (PRINT) _____