



# FIRE SAFETY TESTING & COMMISSIONING VERIFICATION INSPECTION GUIDANCE

These sheets have been developed by the RSC as a resource for fire safety engineers and fire safety technicians performing fire detection and fire protection systems work in RMG factories.



## T&CV INSPECTION CHECKLIST

Factory: .....  RSC ID: .....  
 Inspector(s): .....  Date of Inspection: .....

### AIR SAMPLING DETECTION SYSTEMS

Document Review	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Installation Certificate and Record of Completion is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved as-built drawings are available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Product Information Sheets and Listing Information is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Correct type of pipe and fittings are provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Installation manual for control equipment is available
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Pre-Test Activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Factory staff has informed workers that testing activities will be conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor has proper testing tools and equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No	System has no ground faults\troubles\supervisory\or alarm signals present
Inspections	
Control Equipment Visual Inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment panel(s) are installed within spaces meeting the manufacturers operational requirements for temperature and humidity
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment panel(s) are accessible and not obstructed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment panel(s) are normal condition prior to testing If no, reason(s): .....
<input type="checkbox"/> Yes <input type="checkbox"/> No	Alarm control panel indicates no supervisory or trouble conditions If yes, reason(s): .....
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dedicated power is provided to the Alarm Control Panel
<input type="checkbox"/> Yes <input type="checkbox"/> No	Circuit breaker or power-disconnects are correctly labeled
<input type="checkbox"/> Yes <input type="checkbox"/> No	Correct size batteries are provided for FACP and Power Supplies
<input type="checkbox"/> Yes <input type="checkbox"/> No	Batteries have manufacturing date and the date of installation markings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment is monitored by Building Fire Alarm System
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Control Equipment Inspection Notes:	

<b>Field Device Visual Inspections</b>						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Pipe and fittings used for air-sampling pipe network are listed by manufacturer
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Pipe network is complete and includes end-caps
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Pipe network is properly secured and protected from physical damage
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Sampling ports are spaced correctly and match approved plans
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Sampling ports are correctly identified
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Set points for Alarm are provided (1.5- 2.5% Obscuration per foot)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Set points for Pre-Alarm are provided (0.0015-0.015% Obscuration per foot)
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Notification appliances are installed as shown on the approved plans
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Notification appliances are not obstructed and secured in place
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Audible notification is provided for all occupied areas served by system
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Door Releasing service is provided for all fire doors
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Door releasing hardware is installed correctly and is complete
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Elevator Recall is provided
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Exhaust Fan shut down is provided
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
Field Device Inspection Notes:						
<b>Functional Testing</b>						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Control equipment confirmed for primary and secondary power loss supervision
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Networked panels are correctly supervised
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	All visual displays and annunciator lamps are functional
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Transport time from the farthest sampling point is within 120 seconds
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Alarm conditions report correctly to Bldg. Fire Alarm System
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Supervisory conditions report correctly to Bldg. Fire Alarm System
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Trouble conditions report correctly to Bldg. Fire Alarm System
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
Functional Testing Notes:						
<b>Post-Test Activities</b>						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Factory staff has informed workers that testing activities are complete
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	System has no ground faults\troubles\supervisory\or alarm signals present at the end of testing
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Fire Alarm System is functioning in accordance with approved design documents
Functional Testing Notes:						



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## T&CV INSPECTION CHECKLIST

● Factory: ..... ● RSC ID: .....

● Inspector(s): ..... ● Date of Inspection: .....

### ● FIRE ALARM SYSTEMS

Document Review	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Installation Certificate and Record of Completion is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Approved as-built drawings are available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Product Information Sheets and Listing Information is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does all the necessary equipment have third party listing certificates consistent with products on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has battery calculation & voltage drop calculation been provided as per as-built drawing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Correct type of wire and cable is provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Installation manual for control equipment is available
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Pre-Test Activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Factory staff has informed workers that testing activities will be conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contractor has proper testing tools and equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No	System has no ground faults\troubles\supervisory\or alarm signals present
Inspections	
Control Equipment Visual Inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment panel(s) are installed within spaces meeting the manufacturers operational requirements for temperature and humidity
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment panel(s) are accessible and not obstructed
<input type="checkbox"/> Yes <input type="checkbox"/> No	Control equipment panel(s) are normal condition prior to testing If no, reason(s): .....
<input type="checkbox"/> Yes <input type="checkbox"/> No	Fire alarm control panel indicates no supervisory or trouble conditions If yes, reason(s): .....
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dedicated power is provided to the FACP
<input type="checkbox"/> Yes <input type="checkbox"/> No	Circuit breaker or power-disconnects are correctly labeled
<input type="checkbox"/> Yes <input type="checkbox"/> No	Correct size batteries are provided for FACP and Power Supplies
<input type="checkbox"/> Yes <input type="checkbox"/> No	Batteries have manufacturing date and the date of installation markings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has wiring of control equipment been completed as per manufacturer's instruction
<input type="checkbox"/> Yes <input type="checkbox"/> No	Wiring entering and leaving control equipment is protected from physical damage and terminated correctly
<input type="checkbox"/> Yes <input type="checkbox"/> No	End of Line Resistors are located in correct locations for supervised circuits
<input type="checkbox"/> Yes <input type="checkbox"/> No	Remote control-panels and equipment are properly supervised
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
<input type="checkbox"/> Yes <input type="checkbox"/> No	.....
Control Equipment Inspection Notes:	

<b>Field Device Visual Inspections</b>						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Device locations match approved as-builts
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Device quantities match approved as-builts
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Device Addresses are clearly marked for all initiating devices
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Wiring at devices is not exposed or unprotected
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Manual pull boxes are visible in the path of egress and accessible
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Manual pull boxes are not obstructed or subject to physical damage
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Detector spacing and locations are compliant with approved plans
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Detectors are not obstructed and are secured in place
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Detectors are not located in exterior locations or environments that are beyond the manufacturers operating ranges for temperature and humidity or will produce nuisance alarms
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Notification appliances are installed as shown on the approved plans
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Notification appliances are not obstructed and secured in place
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Audible notification is provided for all occupied areas
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Supervision of all sprinkler control valves is provided`
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Beam detectors are installed in accessible locations
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Beam detectors have remote test and reset switches – resetting the detector does not require removal of power or special tools
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Door Releasing service is provided for all fire doors
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Door releasing hardware is installed correctly and is complete
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Elevator Recall is provided
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Exhaust Fan shut down is provided
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
Field Device Inspection Notes:						
<b>Functional Testing</b>						
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Control equipment confirmed for primary and secondary power loss supervision
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Networked panels are correctly supervised
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	All visual displays and annunciator lamps are functional
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Correct locations of EOL Resistors are verified for supervised circuits
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Devices tested report correct address at panel for activated or missing devices
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Devices tested for functionality with open SLC circuits
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Voltage drop measured for NAC circuits
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Evacuation message or signaling is understandable
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Audibility for occupied areas is at least 15 dBA above ambient
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Visual notification is synchronized when more than one device is in the same field of view
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Music or PA systems are shut down upon activation of alarm system
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Elevators recall on correct devices
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	Exhaust Fans shut down upon activation of fire alarm
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	.....
Functional Testing Notes:						



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### Post-Test Activities

- |                              |                             |                              |   |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Factory staff has informed workers that testing activities are complete                         |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | System has no ground faults\troubles\supervisory\or alarm signals present at the end of testing |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |                              | Fire Alarm System is functioning in accordance with approved design documents                   |

If no, reason(s):



## T&CV INSPECTION CHECKLIST

Factory: .....  RSC ID: .....  
 Inspector(s): .....  Date of Inspection: .....

### FIRE PUMP SYSTEM

Document Review	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Installers Fire Pump Test Report is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	As-built drawings are available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Equipment information sheets and Listing information is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does all the necessary equipment have third party listing certificates consistent with products on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Manufacturer's fire pump test curve included in equipment information, and on site Electric Pump rated fire flow: ..... gpm at .....psi Diesel Pump rated fire flow: ..... gpm at .....psi
Pre-Test Activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Factory staff has informed workers that testing activities will be conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Contractor has proper testing tools and equipment
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Connected Fire Alarm System has no ground faults\troubles\supervisory\or alarm signals present
Inspections	
Visual Inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does diesel fire pump room have adequate ventilation
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does suction from tank have strainer
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Pump Controllers in Auto and free of trouble signals
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Battery terminals free of corrosion
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are fuel lines steel pipe
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is fuel tank properly sized (1 gallon per HP) Tank Size .....
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	All valves are supervised and open or closed as required
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Diesel Fuel Tank size ..... / Level:..... (½, ¾, 1)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Water Tank size ..... / Level:..... (½, ¾, 1)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Pump(s) provided with positive suction head and clean water supply
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is vortex plate installed in tank suction
Visual Inspection Notes:	

<b>Functional testing (Typical for each floor/zone)</b>			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Jockey pump start pressure..... psi (slowly open a valve to lower pressure)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Electric fire pump start pressure.....psi (continue to slowly open a valve to lower pressure) Maximum flow :..... gpm at:.....psi
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	If emergency power is provided: <ul style="list-style-type: none"> <li><input type="radio"/> When in normal power, start pump then shut down normal power and test generator auto start and switch to E-power</li> <li><input type="radio"/> When on E-power start pump stop pump then start when E-power running</li> </ul>
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Diesel fire pump start pressure.....psi (continue to slowly open a valve to lower pressure) Maximum flow:..... gpm at:.....psi
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Fire pumps should be tested at 150% of flow if water supply is available. Otherwise fire pump should be tested at the greater of the sprinkler system demand, or standpipe system or 100% of rated flow and pressure.
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Fire pump manual stop or automatic stop (Minimum run times: 10 minutes for electric. 30 minutes for diesel)
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Manual stop fire pumps
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Start fire pumps manually Stop fire pumps and confirm controllers in auto and free of troubles signals Diesel Fuel Tank size ..... / Level..... (½, ¾, 1) Water Tank size ..... / Level ..... (½, ¾, 1) Measure water tank fill rate if able ..... gpm
			Inspection Notes:



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## T&CV INSPECTION CHECKLIST

Factory: .....  RSC ID: .....  
 Inspector(s): .....  Date of Inspection: .....

### FIRE SPRINKLER SYSTEM

Document Review	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Installation Certificate and Record of Completion is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approved as-built drawings are available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Product Information Sheets and Listing Information is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does all the necessary equipment have third party listing certificates consistent with products on-site
Pre-Test Activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Factory staff has informed workers that testing activities will be conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Contractor has proper testing tools and equipment
Inspections	
Control Equipment Visual Inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	No visible evidence of external leakage from piping and joints
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Floor Control Valve Assembly: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Control valve open</li> <li><input checked="" type="radio"/> Pressure gauge present: Static pressure: .....</li> <li><input checked="" type="radio"/> Check valve present, if shown on drawings</li> <li><input checked="" type="radio"/> Inspector's test and drain connection present</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Is typical ceiling Obstructed or Unobstructed (Unobstructed: NFPA 13, Section, 3.7: if structural members are greater than 7 ½-feet apart or if less than 7 ½-feet apart beams and girders less than 4-inches deep).
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sprinkler installation and piping in accordance with drawings including sprinkler spacing and sizing
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sprinkler support/hangers: <ul style="list-style-type: none"> <li><input checked="" type="radio"/> Is each pipe length supported and not welded to support?</li> <li><input checked="" type="radio"/> Is any other equipment supported from sprinkler pipe?</li> </ul>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If water is from a pond/lake/river or other open top raw source, are pendant sprinklers below ceilings on a return bend
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	If sprinkler below ceiling and pressure exceed 100 psi, are sprinklers restrained from upward movement
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sprinklers free of paint/loading/dust
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Sprinklers in proper orientation
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all obstructions (storage and partitions) at least 18-inches below deflector (NFPA 13: 8.5.5.3)
Control Equipment Inspection Notes:	
Functional testing (Typical for each floor/zone)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Closure of Floor control valve provides trouble alarm
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Operation of inspector's test valve provides alarm between 30 and 150 seconds of opening. (Residual pressure ..... )
Functional Testing Notes:	



## T&CV INSPECTION CHECKLIST

Factory: .....  RSC ID: .....  
 Inspector(s): .....  Date of Inspection: .....

### STANDPIPE SYSTEMS

Document Review	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Installation Certificate and Record of Completion is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Approved as-built drawings are available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Product Information Sheets and Listing Information is available and on-site
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Does all the necessary equipment have third party listing certificates consistent with products on -site
Pre-Test Activities	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Factory staff has informed workers that testing activities will be conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Contractor has proper testing tools and equipment
Inspections	
Control Equipment Visual Inspections	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are all control valves open (bottom of riser)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Are there control valves on the fire hose valve piping; if so is the control valve electronically supervised
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire hose valves located in stairs and unobstructed
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire hose valves do not obstruct stairs
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Standpipes properly supported and not welded to supports
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Condition of hose new/without tears or rot
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Fire department hose valve gasket in place
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Pressure gauge present at top of standpipe riser:..... Static Pressure
Functional testing	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Operate all hose valves for full range of motion (make sure all caps are in place and don't leak)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Flow top of riser hose valve, for full flow
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Pressure gauge at top or standpipe riser:.....Residual Pressure when flowing
Inspection Notes:	



**RSC** | RMG  
SUSTAINABILITY  
COUNCIL