

# SPRINKLER/STANDPIPE PREAPPLICATION QUESTIONNAIRE

As of February 1, 1999 the New York City Fire Department requires that subject applicants certify familiarity with the system which they are going to supervise, inspect, and/or maintain. Consequently, you are asked to answer the following questionnaire completely and honestly. Failure to complete this questionnaire will result in your being denied the exam. If you are applying for either standpipe or sprinkler examinations but do not have a job, you **must** see your examiner before completing this form. If you do not understand or are not sure about a question do not hesitate to ask your examiner. Please note that this document must be notarized before submitting it to your examiner.

## PERSONAL INFORMATION

Name \_\_\_\_\_  
(PLEASE PRINT)

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

## WORKPLACE INFORMATION

Work Address\*\* \_\_\_\_\_  
(Address where CoF will be used)

Work Phone \_\_\_\_\_

*\*\*If applying for Maintenance of Sprinkler Systems Citywide W-12 see your examiner*

## SPRINKLER/STANDPIPE SYSTEM INFORMATION

Indicate the type of system(s) that are installed in the above work address. (Check as many as they apply)

### STANDPIPE

Wet Standpipe system \_\_\_\_

Combination Sprinkler and Standpipe system \_\_\_\_

Dry Standpipe \_\_\_\_

### SPRINKLER

Automatic Wet Sprinkler System \_\_\_\_

Automatic Dry Sprinkler System \_\_\_\_

Non-automatic Dry Sprinkler System \_\_\_\_

Perforated Pipe or Deluge System \_\_\_\_

Where is the Standpipe siamese connection(s) located? 1. \_\_\_\_\_  
(Give Street or Avenue location)  
2. \_\_\_\_\_  
(Give Street or Avenue location)  
3. \_\_\_\_\_  
(Give Street or Avenue location)

What color are the Standpipe siamese connection caps painted? (Circle one) **Yellow** **Red**

Where is the Sprinkler siamese connection(s) located? 1. \_\_\_\_\_  
(Give Street or Avenue location)  
2. \_\_\_\_\_  
(Give Street or Avenue location)  
3. \_\_\_\_\_  
(Give Street or Avenue location)

What color are the Sprinkler siamese connection caps painted? (Circle one) **Yellow Green Aluminum**

**BUILDING INFORMATION**

Are you in charge of more than one building? (Circle one) **YES NO** If **YES**, how many? \_\_\_\_\_

If more than one building, are they on adjacent or contiguous lots? (Circle one) **YES NO**

How many floors in the building(s) at the above work address? \_\_\_\_\_

**WATER SUPPLY SOURCE INFORMATION**

Indicate the water supply source at the above work address. (Check as many as they apply)

**Gravity Tank** \_\_\_\_

**Pressure Tank** \_\_\_\_

**Automatic Fire Pump** \_\_\_\_

**Direct Connection to the City Main** \_\_\_\_

**Domestic Water Supply** \_\_\_\_

**City Main Only** \_\_\_\_

**Dry System** \_\_\_\_

**TANKS:** Indicate the type of tank(s) installed at the above work address (Check as many as they apply)

**Gravity Tank** \_\_\_\_ How many? \_\_\_\_ How much water from this tank is **Fire Reserve**? \_\_\_\_ Gallons

**Pressure Tank** \_\_\_\_ Where? \_\_\_\_\_ **Suction Tank** \_\_\_\_ Where? \_\_\_\_\_  
(Give location) (Give location)

**Combination (Gravity/Pressure) Tank** \_\_\_\_

**PUMPS:** Indicate the type of pump(s) installed in the above work address (Check as many as they apply)

**Fire Pump** \_\_\_\_

**Booster Pump** \_\_\_\_

**Jockey Pump** \_\_\_\_

**Fill or House Pump** \_\_\_\_

**VALVES:**

Where is the **Main Control Valve** located? \_\_\_\_\_  
(Give location)

Is there a curb **Shutoff Valve**? (Circle one) **YES NO** If **YES** \_\_\_\_\_  
(Give location)

Where is the **Risers Control Valve**(s)located?(ex. 1<sup>st</sup> floor, 4<sup>th</sup> floor, etc.) 1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

### **NOTARIZATION**

I hereby do solemnly swear that the information provided in this form is true and accurate to the best of my knowledge. I acknowledge that this statement is under oath.

Sworn before me on this \_\_\_\_\_ day X \_\_\_\_\_

(Signature)

Of \_\_\_\_\_, 1999

\_\_\_\_\_  
Notary Public, State of New York

\_\_\_\_\_  
(Date)

**Do Not Write Below This Line**

Applicant being tested for: W-12/Z39 F-99/Z89 F-98/Z88 F-97/Z87 F-96/Z86 F-95/Z85 F-19/Z15 Other \_\_\_\_\_

Did the applicant show a basic knowledge of the system(s) he/she is being tested for? **YES NO**

What kind of system diagram did the applicant provide? Blue Print ( ) Hand-drawn ( ) Other \_\_\_\_\_

Is this exam being taken for job seeking? **YES NO** If YES: Attach copy of Z-Letter  
If NO: Attach employer's Recommendation Letter

Did the applicant received and read the Study Material? **YES NO**

**Action Taken:** \_\_\_\_\_

\_\_\_\_\_  
Examiner's Signature

\_\_\_\_\_  
Date