



**FIRE DEPARTMENT – CITY OF NEW YORK  
9 METRO TECH CENTER  
BROOKLYN, NEW YORK 11201**

**RESIDENTIAL SPRINKLER SYSTEM FLOW TEST REPORT**

<i>(FOR FDNY USE ONLY)</i>									
Engine Co	Ladder Co	Batt #	item code	sub code	qty	Insp. badge	time/min	Test results:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Pass <input type="checkbox"/>	Fail <input type="checkbox"/>
Data entry:	<input type="text"/>	<input type="text"/>	Name: _____			Inspector Badge <input type="text"/>			

**CONTRACTORS NOTE:** (Only upon completion and certification by a Licensed Plumber or Master Fire Suppression Contractor shall this form be submitted to the FDNY, Bureau of Fire Prevention 9 Metro Tech Center, Brooklyn, NY 11201 or faxed to 718-999-2891 Attn: Fire Suppression Unit Room 3 E-2)

Date of Test: / /  FDNY Account No. (if available)

Premises Address: Bldg  Prefix  Street Name

Type  Suffix  Zip Code  -  Borough Code  Man-01 Bx-02 SI-03 Bk-04 Qns -05

Aka /additional info

Owner Name:

Owners Address: Bldg  Prefix  Street Name

Type  Suffix  Zip Code  -  Borough Code

Man-01 Bx-02 SI-03 Bk-04 Qns -05 Out of city-6

Out of town info  
City  State  Zip Code  -

- System Type:
- Sprinkler system supplied from a domestic water connection
  - Sprinkler system supplied from a dedicated water source.
  - Sprinkler system supplied from automatic wet standpipe system.

System Coverage: *(complete all that apply)*

The system protects the following  Dwelling Unit  Hallways  Stairwells  Compactor Chute  Other area \_\_\_\_\_

Number of Control Valves:  Number of siamese (if any):  Number of systems  FDNY Certificate of Fitness holder System

inspections performed by: Fire Suppression Contractor Master Plumber (indicate license information below)

Name  License Number:  Class  A or B

Certification of Flow Result:

I affirm that I have identified and inspected all control valves associated with the sprinkler systems covered by this report and observed that all such valves were sealed in the open position by either an approved wire seal or chain and lock; that I conducted a flow test of such sprinkler systems in accordance with the procedure specified in the Fire Department rule 3 §RCNY 37-06(c); that the sprinkler systems passed the flow test in accordance with the standard specified in that rule section, with a static pressure reading of \_\_\_\_ p.s.i.g ( 15 p.s.i.g. minimum required by code .)

Certified By:  \_\_\_\_\_  
(PRINT NAME) (SIGNATURE)

Company Name:  License Number:  Class  A or B

FDNY Inspector ( when required as per NYC Fire Code)

A COPY OF THIS REPORT MUST BE AVAILABLE FOR EXAMINATION BY A FIRE DEPARTMENT REPRESENTATIVE FOR A PERIOD OF FIVE (5) YEARS FROM THIS DATE

## INSTRUCTIONS FOR COMPLETING FIRE DEPARTMENT FORM FP100



**This form is for reporting the results of Residential Sprinkler Flow Tests performed by a licensed contractor. A test report for a flow test not required to be witnessed by a Department representative, the Licensed Master Plumber or Master Fire Suppression Contractor shall be completed, certified and submitted to the FDNY, Bureau of Fire Prevention 9 Metro Tech Center, Brooklyn , NY 11201 or faxed to 718-999-2891 Attn: Fire Suppression Unit Room 3 E-2.**

**Please print the information requested inside the boxes provided. Omission, illegible or inaccurate information may result in a delay in the updating of the departments records.**

**A Copy of this report must be maintained on the premises and be made available for examination by any Fire Department representative upon request for a period of five (5) years from the date of the test. Such reports shall be made available to the occupants of the building or space during normal business hours.**