

FIRE DEPARTMENT CITY OF NEW YORK

RESIDENTIAL SPRINKLER SYSTEM FLOW TEST REPORT

(FOR FDNY USE ONLY)
FDNY ACCOUNT ADMIN CO. TEST DATE ITEM CODE SUB CODE QTY INSP. BADGE TEST TIME IN MIN
TEST RESULT PASS FAIL Notice of Violation(s) / Violation Order(s)
DATA ENTRY DATE NAME

(Please print or type) PREMISES INFORMATION

Building Owner Name
Address Number Street Name
Borough Zip Code
AKA: Address Number Street Name
Additional Information

Occupancy: Converted Dwelling or Single Room Occupancy (SRO) Multiple Dwelling

Mailing Address (complete if different from above)

Address Number Street Name
Borough Zip Code
(If out of town) City State Zip Code

SPRINKLER SYSTEM INFORMATION

System protects (check all that apply): stairwell hallways compactor chute / room dwelling unit
other # of systems # of FD connections (if any) # of control valves

Water supply: City main Dedicated water source Domestic water connection Other source

Pressure gauge located at or near the inspector's test connection? Yes No

Monthly inspections performed by: FDNY Certificate holder name Certificate #

Certification of Flow Test Result:

I affirm that I have identified and inspected all control valves associated with the sprinkler system(s) 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 system(s) in accordance with the procedure specified in the Fire Department Rule §903-01(d); that the sprinkler system(s) passed the flow test in accordance with the standard specified in that rule section, with a static pressure reading of p.s.i.g. ; and that there is no other indication that the system(s) is/are not in perfect working order.

Fire Suppression Contractor / Master Plumber Certification:

Print Name Signature
Company Name DOB License Number

FDNY Witness:

Name Badge Number

Residential Sprinkler System Flow Test Reports for flow tests that are not required to be witnessed by a Department representative shall be completed and mailed to the Department within five (5) business days after the completion of such test. Such mailings shall be addressed to: New York City Fire Department, Bureau of Fire Prevention at 9 MetroTech Center, 3rd Floor Brooklyn, NY 11201-3857 Attn: Fire Suppression Systems Unit

NOTE: A COPY OF THIS REPORT MUST BE MAINTAINED ON THE PREMISES FOR A PERIOD OF NOT LESS THAN 5 YEARS FROM THE TEST DATE. SUCH REPORTS MUST BE MADE AVAILABLE FOR INSPECTION BY ANY DEPARTMENT REPRESENTATIVE.