



# MONTEREY COUNTY REGIONAL FIRE DISTRICT PREVENTION DIVISION

## RESIDENTIAL FIRE SPRINKLER SYSTEM Final Inspection Checklist

APPLICANT: \_\_\_\_\_ APN #: \_\_\_\_\_

PROJECT LOCATION: \_\_\_\_\_

SPRINKLER CONTRACTOR: \_\_\_\_\_

|  | DATE  | FAIL                     | PASS                     | DATE  |
|--|-------|--------------------------|--------------------------|-------|
| <b>1. WATER METER TO RISER</b>   |       |                          |                          |       |
| a. Meter size per plans and calcs. (valve is "open")   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Shut-off Valve controls both sprinkler riser & domestic system (valve is "open" & above finish grade)   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Underground as per plans (size & length)  | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>2. RISER &amp; ALARM DEVICE</b>   |       |                          |                          |       |
| a. Activation of bell (ring bell first, then check static pressure)  | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Static pressure at the riser meets or exceeds calculations  | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Flow Test-look for partially closed valves (excessive pressure drop)                                    | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Riser is properly strapped  | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <b>3. WALK -THROUGH INSPECTION</b>   |       |                          |                          |       |
| a. Sprinkler heads per plans are model _____   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| b. Heads are not painted or damaged  | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| c. Heads are not obstructed (lighting, moved walls, etc.)  | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| d. Sprinkler heads - escutcheon plates are in place and finished height met manufacturer's recommendations | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

CORRECTIONS AND NOTES: \_\_\_\_\_

|  |                                     |
|--|-------------------------------------|
| <b>FINAL SPRINKLER INSPECTION APPROVED</b> |                                     |
| BY: _____                                  | BLDG. PERMIT # _____<br>DATE: _____ |

### FINAL FIRE DEPT. CONSTRUCTION CLEARANCE

|  | DATE  | FAIL                     | PASS                     | DATE  |
|--|-------|--------------------------|--------------------------|-------|
| 1. Permanent address numbers are properly posted         | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Weed Abatement - 30 Foot Minimum or as noted on Plans | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 3. _____   | _____ | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

CORRECTIONS: \_\_\_\_\_

|   |                                     |
|---|-------------------------------------|
| <b>FINAL FIRE DEPT. CONSTRUCTION CLEARANCE:</b> |                                     |
| BY: _____                                       | BLDG. PERMIT # _____<br>DATE: _____ |