



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

RESIDENTIAL SPRINKLER SYSTEM FLOW TEST REPORT

(FOR FDNY USE ONLY)
Engine Co, Ladder Co, Batt #, item code, sub code, qty, Insp. badge, time/min, Test results: Pass, Fail
Data entry: Name: Inspector Badge

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 SRCNY 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
FP100 rev 10/04