



NMSU FIRE DEPARTMENT SPRINKLER SYSTEM GENERAL INFORMATION



Property Information

Building Name: _____

Building Address: _____

Building Manager's Name: _____

Building Manager's Phone: _____

Fax: _____ E-mail: _____

System Designer/Contractor

Company Name: _____

Company Address: _____

Contact Person (Designer): _____

Designer Qualification: _____

Phone: _____ Fax: _____

E-mail: _____

Date: _____

High-piled storage Rack storage: _____ Yes _____ No Idle pallets: _____ Yes _____ No

Solid shelving: _____ Yes _____ No Flammable/combustible liquids: _____ Yes _____ No

Location: _____

Commodity class: _____

Other storage: _____ Yes _____ No Describe: _____

Max. Storage height _____ ft Aisle width (min.) _____ ft

Encapsulation: _____ Yes _____ No Hazardous materials: _____ Yes _____ No

Antifreeze systems: _____ Yes _____ No Location: _____

Dry or aux systems: _____ Yes _____ No Location: _____

Flow test data

Static: _____ psi Residual: _____ psi

Pitot: _____ psi Flow: _____ gpm

Location of aux/low point drains: _____



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Original main drain test results

Static: _____ psi Residual: _____ psi

Are injection systems used to treat MIC or corrosion? _____ Yes _____ No

Type of chemical: _____

Concentration: _____

For proper disposal, see: _____

*This form is to be completed by the system inspection and testing contractor at the time of a system test.
Attach additional sheets, data, or calculations as necessary to provide a complete record. Number of Supplemental Form(s) Attached: _____*

Inspection/Test Start Date/Time: _____ Inspection/Test Completion Date/Time: _____