

1070 7th St. Ct. SE
P.O. Box 9489
Hickory, NC 28602



Phone: 828.328.6363
Fax: 828.328.6370

BACKFLOW INSPECTION

Customer:			
Address of Property:			
Mailing Address:			
Meter Model & Number:		Service Number:	
Type of Service:	DOM	IRRIG.	F.L. Combo (DOM/F.L.)
Type of Assembly:	RP	DC	PVB
Manufacturer:		Model:	Serial Number:
Location of Assembly:			
Containment (at meter)		or Isolation (at branch)	Line Pressure: PSI:

Check Valve #1	Relief Valve	Check Valve #2	Pressure Vacuum Breaker
Leaked Closed Tight	Opened at _____PSID	Leaked Closed Tight	Air Inlet Opened at _____PSID
Diff. Pressure Across Check Valve: _____PSID	Did Not Open Buffer _____PSI	Diff. Pressure Across Check Valve: _____PSID	Check Valve: Leaked Held at _____PSID
Cleaned Only	Cleaned Only	Cleaned Only	Cleaned Only
Replaced Rubber Kit CV Assembly	Replaced Rubber Kit CV Assembly	Replaced Rubber Kit CV Assembly	Replaced Rubber Kit CV Assembly
Closed Tight	Opened at _____PSID	Closed Tight	Air Inlet _____PSID
Diff. Pressure Across Check Valve: _____PSID	Buffer _____PSI	Diff. Pressure Across Check Valve: _____PSID	Check Value _____PSID
Shut Off #1	Leaked	Held Tight	Shut Off #2
			Leaked
			Held Tight

Assembly: PASSED FAILED

NOTE: All repairs must be completed within (10) ten days.

REMARKS:

Kit: DIFF DUPL ELEC

Manufacturer: _____

Model: _____

Serial No: _____

I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly.

TESTER: _____ CERT. NO: _____ TIME/DATE: _____ CALIBRATION DATE: _____

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Kit: DIFF DUPL ELEC

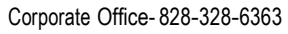
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Model: _____

Serial No: _____

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TESTER: _____ CERT. NO: _____ TIME/DATE: _____ CALIBRATION DATE: _____



Job Number -

[illegible]



NFPA 25 Inspection

Hickory, NC 828.328.6363 Charleston, SC 843.278.1018
Greensboro, NC 336.373.3973 Columbia, SC 803.929.2100
Raleigh, NC 919.834.9644 Greenville, SC 864.458.7070
Charlotte, NC 704.372.3473 Atlanta, GA 770.978.7998

Date _____

Annual Quarterly

Company _____
Address _____
Phone _____ Contact _____

of Systems _____
Dry _____ # Antifreeze _____
of BFPs Fire _____ Dom _____
Inspector _____
License # _____

GENERAL INFORMATION (GI)	Yes	No	N/A
1. Is the building occupied as in past?			
2. Is the building fully sprinklered?			
3. Systems in service without modification since the last inspection?			
4. Spare head box with heads and wrench securely mounted?			
5. Stock/storage a minimum of 18" below sprinkler head & ceiling tiles in place?			
6. Gauges condition good? Last calibration date: / /			
7. Wet system areas adequately heated?			
8. Does building have freezers/coolers?			
VALVE INFORMATION (VI)			
1. Are all main control valves open?			
2. Main control valves in good condition and identified?			
3. Are control valves secure? (Record pg 2)			
4. Are all control valves accessible & free from external leaks?			
5. Are all control valve provided with the proper operators?			
6. All control valves operated through full range & returned to normal position?			
7. Valves lubricated, as needed?			
SPRINKLER & PIPING INFORMATION (SI)			
1. Are all sprinklers unobstructed?			
2. Sprinklers free of corrosion, tape, paint, & physical damage?			
3. Heads in freezer/coolers appear free of ice, corrosion?			
4. Are all sprinklers less than 50 years old?			
5. Are escutcheon plates ok?			
6. Sprinklers of proper temperature rating?			
7. Riser in good condition & unobstructed?			
8. Hydraulic nameplate OK?			
9. System ID securely attached & legible?			
10. Pipe in good condition, free of damage & obstructions, and not leaking?			
11. All hangers OK?			
12. Seismic bracing OK?			

	Yes	No	N/A
13. Antifreeze tested & OK? (Record below)			
14. Relief valves on gridded systems OK?			
15. FDC & caps OK?			
16. FDC swivels non-binding rotation?			
17. FDC gaskets/signs in place?			
18. FDC equipped with ball drip?			
19. Sprinkler system main drain test completed & OK? (Record pg 2)			
ALARM INFORMATION (AI)			
1. Was the WMG or elec bell tested & OK?			
2. Central Station flow alarm tested & OK?			
3. Central Station tamper tested & OK?			
4. Alarm devises free from physical damage & all electrical connections secure?			
5. Alarm trim valves OK & set properly?			
6. No leakage from retard chambers or alarm drains?			
7. Inspectors test connection(s) OK?			
BFP INFORMATION (BI)			
1. Isolation valves open?			
2. Backflow devices passed test?			
3. Make			
4. Model			
5. Size			
EXTERIOR INSPECTION (EI)			
1. Exterior hydrants flushed?			
2. Non draining hydrants pump out?			
3. City pit checked?			
4. City pit pumped out?			
DRY PIPE SYSTEM INSPECTION (DI)			
1. Dry pipe valves in service & in good condition - internally & externally?			
2. Pressure & priming water OK?			
3. Air supply in good working order?			
4. Were low points drained during fall & winter inspections?			
5. Are accelerators in good condition?			
6. All dry valves been trip tested & OK? (Record below)			
7. Dry pipe valves in heated area?			
8. Pipe pitched OK & no interior ice?			

Location	Make/Year Mfg.	Model / SIN # / QR or SR	Color	Esc Plate Style	Type	Size	'K'-Factor	Thread 1/2" 3/4" 1"	Temp

B=Bronze / W=White / C=Chrome

Antifreeze System(s)

Location	
OK to what temperature	N/A
Number of Heads	

Customer Acknowledgment: JW



NFPA 25 Inspection

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Greensboro, NC	336.373.3973	Columbia, SC	803.929.2100
Raleigh, NC	919.834.9644	Greenville, SC	864.458.7070
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Date

Annual

Quarterly

Monthly

Company

Control Valves

Control Valves	No. of Valves	Type	Easily Accessible		Signs		Valve Open		If yes, how?		Secured? Circle those applicable			Valve Supervision Operational	
			Yes	No	Yes	No	Yes	No	Yes	No	Sealed	Locked	Supvd	Yes	No
System															
Sectional															
City Pit/BFP															
Tank/Pump															
Other															

Check Valve and Piping

Install Date or Last Inspect.	Type	Location	What Type of Access	# of Valves

Main Drain & Alarm Test

	1	2	3	4	5	6	7	8	9
System No.									
System Size									
Static Pressure (psi)									
Residual Pressure (psi)									
Static Pressure (psi)									
Local Alarm OK (Y / N)									
Central Alarm Sent (Y / N)									
Make									
Model									
Year									

Comments And Inspection Deficiencies

☐ Riser tag in place

☐ All systems in service

☐ Alarm system reset

Z. McGlamery

Inspector's Signature

Customer Acknowledgement

Print Name & Title



NFPA DRY SYSTEM INSPECTION

Hickory, NC	828.328.6363	Charleston, SC	843.278.1018
Greensboro, NC	336.373.3973	Columbia, SC	803.929.2100
Raleigh, NC	919.834.9644	Greenville, SC	864.458.7070
Charlotte, NC	704.372.3473	Atlanta, GA	770.978.7998

Date: _____

Annual Quarterly

Full Flow Date: _____

Dry: _____

Company: _____

Address: _____

Phone: _____ Contact: _____

Inspector: _____

License #: _____

Dry Pipe Valves		System No. _____	System No. _____	System No. _____
Area Protected				
Valve Serial Number				
Make				
Model				
Size				
Date of last full trip				
Type of Trip Test Performed Today		_____ Partial _____ Full	_____ Partial _____ Full	_____ Partial _____ Full
Pressure Before Test	Air	_____ psi	_____ psi	_____ psi
	Water	_____ psi	_____ psi	_____ psi
Size and location of Inspector test valve				
Was gate valve below dry valve open wide at test? (If not, how many turns?)		Yes	Yes	Yes
		No _____ # turns	No _____ # turns	No _____ # turns
Valve Tripped At	Air Pressure	_____ psi	_____ psi	_____ psi
	Time	_____ min _____ sec	_____ min _____ sec	_____ min _____ sec
If full trip test, list the water delivery time		_____ min _____ sec	_____ min _____ sec	_____ min _____ sec

		Yes	No	N/A	Yes	No	N/A	Yes	No	N/A
Valve Condition Acceptable	Externally									
	Interior									
	Moving Parts									
	Rubber Facing									
	Seats									
	Valve Reset									
Did alarms operate at trip test										
All low points/drum drips drained										
Water control valve left open and sealed										
Alarm control valve left open and sealed										
Pressure and Priming water okay										
Air supply in good working order										
Dry pipe valves in heated area										

Quick Opening Devices (Accelerators)	System No. _____	System No. _____	System No. _____
Manufacturer			
Type and Model			
Air Pressure in upper chamber	_____ psi	_____ psi	_____ psi
Quick opening device tripped at	_____ sec _____ psi	_____ sec _____ psi	_____ sec _____ psi
	Yes No N/A	Yes No N/A	Yes No N/A
Quick opening device left in service and control open			

Comments or Deficiencies: