Portland Fire & Rescue
Fire Marshal's Office
1300 SE Gideon Street
Portland, OR 97202-2419

Phone: 503.823.3712
Fax: 503.823.3969

FOR FIRE BUREAU USE ONLY	
DATE RECEIVED	
COMPLEX #	
BUILDING #	
BUSINESS #	
LOCATION #	
BILL TO: #	
PHYS. FAC. #	
APPEAL #	
DATE ENTERED	

TEST DATE : _____

BUSINESS NAME: _____

BUILDING NAME: _____

BUILDING ADDRESS: _____

CONTACT: _____ PHONE: _____

Number of stories in building? _____ Occupied? YES ☐ NO ☐

KIND OF FIRE PROTECTION SYSTEMS IN BUILDING:

Totally Sprinklered ☐ Partially Sprinklered ☐ Basement Sprinklers Only ☐ Exitway Sprinklers ☐

Monitored by Central Station? YES ☐ NO ☐ Name of Monitoring Company: _____

AUTOMATIC DRY PIPE SPRINKLER SYSTEMS:

Fire Department Connection: Swivels free from damage? YES ☐ NO ☐ Swivels operate properly? YES ☐ NO ☐

Plugs and caps in place? YES ☐ NO ☐ Check valve backflushed? YES ☐ NO ☐

Number of dry pipe system risers:_____ System design proper for hazard / commodity class? YES ☐ NO ☐

IF MORE THAN 3 RISERS, USE ADDITIONAL FORM.

Hydraulic design information on each system riser? YES ☐ NO ☐

NOTE: This design sign is required for all occupancies with hydraulically designed systems.

Signs on valves? (main drain, control valve, inspector's test, etc.) YES ☐ NO ☐

Appropriate number of spare heads and wrenches? YES ☐ NO ☐

Date of manufacturer of sprinkler heads installed in system? _____

Hydraulic Design Information		
System #	Density	Appl. Area
# 1	ft.	ft.
# 2	ft.	ft.
# 3	ft.	ft.

SYSTEM DESCRIPTION	System # 1	System # 2	System # 3
2" Main drain test residual pressure?	psi	psi	psi
Water static pressure after 2" main drain tested?	psi	psi	psi
Air pressure?	psi	psi	psi
Dry valve trip pressure?	psi	psi	psi
Time to trip dry valve?	sec.	sec.	sec.
Time for water to reach inspector's test?	sec.	sec.	sec.

CHECK SHEET FOR TEST OF

DRY PIPE AUTOMATIC SPRINKLER SYSTEMS

Systems equipped with quick-opening devices?	YES ☐	NO ☐	Quick-opening devices operating properly?	YES ☐	NO ☐
Alarm devices operating properly?	YES ☐	NO ☐	Valve tampers activated?	YES ☐	NO ☐
Central station received proper signals?	YES ☐	NO ☐	System reset and all aux. drained?	YES ☐	NO ☐
Control valves tampered or locked in open positions?	YES ☐	NO ☐	Sprinkler heads free from paint and unobstructed?	YES ☐	NO ☐
Pressure gauges calibrated?	YES ☐	NO ☐	Sprinkler heads proper type?	YES ☐	NO ☐
Areas protected have proper coverage?	YES ☐	NO ☐			
Any dry-type sprinkler heads?	YES ☐	NO ☐	Number dry heads removed and sent in for testing? _____		

REQUIRED CORRECTIONS:

1. _____
2. _____
3. _____
4. _____
5. _____

CORRECTIONS MADE:

1. _____
2. _____
3. _____
4. _____
5. _____

Has the building owner / representative been notified of any deficiencies? YES ☐ NO ☐

If YES, who was notified? _____

If NO, why wasn't the owner / representative notified? _____

_____

Certified Personnel Conducting Test (PLEASE PRINT NAME) _____

Certification # _____ Signnature: _____

Name of Company: _____ Phone: _____

QUESTIONS? CALL 503-823-3712