



Office of the State Fire Marshal  
 Missouri Department of Public Safety  
 Division of Fire Safety

**INSPECTION REPORT-SPRINKLER SYSTEM**

Facility ID Number
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Facility Name	Email Address
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Address (Street, City, Zip Code)	County
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Facility Type  
 RCF-Residential Care Facility     DCC-Day Care Center     ALF-Assisted Living Facility     FDCH-Family Day Care  
 LE-License Exempt Facility     GH-Group Day Care or Group Home     Other

Owner	Administrator
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Date Sprinkler Installed	Manufacturer
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Is There More Than One Sprinkler System? Yes <input type="checkbox"/> No <input type="checkbox"/>	Where In The Facility Are The Main Controls Located For Each System?
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		<u>ATTIC COMPONENTS APPROVED</u>	
TAMPER SWITCH	<input type="checkbox"/> Yes <input type="checkbox"/> No	INSTALLED IN COMPLIANCE WITH NFPA-13 OR 13R	<input type="checkbox"/> Yes <input type="checkbox"/> No
FLOW ALARM	<input type="checkbox"/> Yes <input type="checkbox"/> No	INSPECTED & MAINTAINED IN ACCORDANCE WITH NFPA-25	<input type="checkbox"/> Yes <input type="checkbox"/> No
POST INDICATOR	<input type="checkbox"/> Yes <input type="checkbox"/> No	SPARE PARTS AVAILABLE	<input type="checkbox"/> Yes <input type="checkbox"/> No
FIRE DEPT. CONNECTION	<input type="checkbox"/> Yes <input type="checkbox"/> No	2 IN MAIN DRAIN PIPING GREATER THAN 20 FEET	<input type="checkbox"/> Yes <input type="checkbox"/> No
BOOSTER PUMP	<input type="checkbox"/> Yes <input type="checkbox"/> No	WATER SUPPLY _____ GPM MAIN DRAIN STATIC _____ PSI RESIDUAL _____ PSI	
WET SYSTEM	<input type="checkbox"/> Yes <input type="checkbox"/> No		
DRY SYSTEM	<input type="checkbox"/> Yes <input type="checkbox"/> No		

REMARKS

THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, A CERTIFIED SPRINKLER SYSTEM INSPECTOR, HAVE MADE AN INSPECTION OF THE SPRINKLER SYSTEM IN THE ABOVE -NAMED FACILITY, AND FIND THAT THE SPRINKLER SYSTEM  (IS)  (IS NOT) IN PROPER WORKING CONDITION AND PROPERLY MAINTAINED IN ACCORDANCE WITH NFPA-25 AND WAS INSTALLED IN ACCORDANCE WITH NFPA-13 OR 13R.

Signature	Print Name	Title
Name of Company	Telephone Number	Date

Address (Street, City, Zip Code)

<b>Return To:</b> <b>Division of Fire Safety, Inspections Unit</b> <b>205 Jefferson St., Ste. 1315</b> <b>PO Box 844</b> <b>Jefferson City, MO 65102</b>	<b>OFFICE USE ONLY</b> DATE RECEIVED: _____ DATE REVIEWED: _____
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