

September 21, 2023

RE: Inspection of: Fire Sprinkler System and Alarm Monitoring

Property: Villa Serena Condominiums  
Riverview, Fl. 33578

To Whom It May Concern,

This letter is to confirm that the above reference property is protected with an automatic Fire Sprinkler System. Cox Fire Protection inspected said property according to NFPA #25 guidelines on February 27, 2023. Additionally, Cox Fire is contracted to provide 24-hour fire alarm monitoring at the property buildings known as Villa Serena Condominiums

For information on the reported findings, please refer to the inspection reports which can be provided by the insured's property manager.

Cox Fire performs a visual inspection of all "accessible" fire sprinkler heads as well as any exposed piping and its appurtenances from the floor level and any deficiencies will be noted on the inspection report. The system was active and operating properly at the time of inspection. Upon completion of the inspection, all system control valve(s) were left in the open position and the fire alarm panel was at its normal state.

Unfortunately, Cox Fire Protection cannot comment as to the adequacy of the water supply requirements, design criteria, or level of protection as it is outside the scope of NFPA #25.

Sincerely,

Rusty Parris  
Inspections Manager

Cox Fire Protection, Inc.  
Tampa | Ocala | Jacksonville  
Phone: [813-980-3282](tel:813-980-3282) ext. 130  
email: [rparris@coxfire.com](mailto:rparris@coxfire.com) | website: [www.coxfire.com](http://www.coxfire.com)

SPRINKLER | ALARM | EXTINGUISHER | SUPPRESSION | INSPECTIONS



# COX FIRE PROTECTION, INC.

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 21  
 ADDRESS: 2209 kings palace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

## ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT

Date of Last Inspection: \_\_\_\_\_  
 INSPECTION TAG: Red  
 Supervisory Alarm Company: Emergency 24

### List of Fire Sprinkler Systems

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

#### SECTION I - OWNER'S SECTION

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

#### SECTION II - INSPECTOR'S SECTION

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	70	45	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contract Statement

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this Inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation of unscheduled testing, modification, maintenance, repair, etc. of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information

Signature of Owner or Representative

Signature of Inspector

Peter Swan

Deficiencies & Comments

11-1 12. Painted

5 year



**COX FIRE PROTECTION, INC.**

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building building 22  
 ADDRESS: 10227 Spanish Breeze Court  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

**ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT**

Date of Last Inspection: \_\_\_\_\_  
 INSPECTION TAG: Yellow  
 Supervisory Alarm Company: Emergency 24

**List of Fire Sprinkler Systems**

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

**SECTION I - OWNER'S SECTION**

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

**SECTION II - INSPECTOR'S SECTION**

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	70	45	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







# COX FIRE PROTECTION, INC.

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 23  
 ADDRESS: 10223 Spanish Breeze Court  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

## ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT

Date of Last Inspection: \_\_\_\_\_ INSPECTION TAG: Yellow Supervisory Alarm Company: Emergency 24

### List of Fire Sprinkler Systems

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

#### SECTION I - OWNER'S SECTION

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

#### SECTION II - INSPECTOR'S SECTION

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	90	45	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**COX FIRE PROTECTION, INC.**

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 24  
 ADDRESS: 2079 kings pallace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

**ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT**

Date of Last Inspection: \_\_\_\_\_  
 INSPECTION TAG: Yellow  
 Supervisory Alarm Company: Emergency 24

**List of Fire Sprinkler Systems**

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

**SECTION I - OWNER'S SECTION**

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

**SECTION II - INSPECTOR'S SECTION**

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	70	45	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







**COX FIRE PROTECTION, INC.**

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 25  
 ADDRESS: 2103 kings palace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

**ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT**

Date of Last Inspection: \_\_\_\_\_ INSPECTION TAG: Yellow Supervisory Alarm Company: Emergency 24

**List of Fire Sprinkler Systems**

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

**SECTION I - OWNER'S SECTION**

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

**SECTION II - INSPECTOR'S SECTION**

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	75	45	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Contract Statement

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this Inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation of unscheduled testing, modification, maintenance, repair, etc. of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information

Signature of Owner or Representative

Signature of Inspector

Peter Brown

Deficiencies & Comments

5 year



# COX FIRE PROTECTION, INC.

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 26  
 ADDRESS: 2139 kings palace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

## ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT

Date of Last Inspection: \_\_\_\_\_ INSPECTION TAG: Yellow Supervisory Alarm Company: Emergency 24

### List of Fire Sprinkler Systems

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

#### SECTION I - OWNER'S SECTION

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

#### SECTION II - INSPECTOR'S SECTION

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	90	50	75	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







# COX FIRE PROTECTION, INC.

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 27  
 ADDRESS: 2163 kings palace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

## ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT

Date of Last Inspection: \_\_\_\_\_  
 INSPECTION TAG: Yellow  
 Supervisory Alarm Company: Emergency 24

### List of Fire Sprinkler Systems

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

#### SECTION I - OWNER'S SECTION

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

#### SECTION II - INSPECTOR'S SECTION

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	90	50	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





# COX FIRE PROTECTION, INC.

7910 Professional Place; Tampa, FL 33637

Phone: 813-980-3282 | Fax: 813-980-0631

4528 W Hwy 40, Ocala, FL 34482

Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 28  
 ADDRESS: 2096 kings palace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

## ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT

Date of Last Inspection: \_\_\_\_\_  
 INSPECTION TAG: Yellow  
 Supervisory Alarm Company: Emergency 24

### List of Fire Sprinkler Systems

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

#### SECTION I - OWNER'S SECTION

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

#### SECTION II - INSPECTOR'S SECTION

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	75	50	70	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>







# COX FIRE PROTECTION, INC.

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Phone: 813-980-3282 | Fax: 813-980-0631

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Phone: 352-368-2220 | Fax: 866-863-5695

6555 Grace Lane; Jacksonville, FL 32205

Phone: 904-781-8227 | Fax: 904-781-0408

CUSTOMER: Villa Serena Building 29  
 ADDRESS: 2056 kings palace drive  
 CITY: Riverview  
 STATE: FL ZIP: 33578

DATE: 05/04/2023 09:00am EDT  
 INSPECTOR: Peter brown  
 PERMIT NO.: FPI23-000074  
 INSPECTION NO:

## ANNUAL WET PIPE INSPECTION, TEST AND MAINTENANCE REPORT

Date of Last Inspection: \_\_\_\_\_  
 INSPECTION TAG: Yellow  
 Supervisory Alarm Company: Emergency 24

### List of Fire Sprinkler Systems

Wet	Dry	PreAct	Deluge	Foam	Anti	STP	Hyd	BF	FP
1									

#### SECTION I - OWNER'S SECTION

	YES	NO	N/A
I-1 PRIOR INSPECTION REPORTS, LOGS, AND TEST DATA ARE AVAILABLE FOR REVIEW?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-2 PLANS OF SYSTEM ON SITE FOR REVIEW?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-3 IS THE BUILDING OCCUPIED? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-4 HAS THE OCCUPANCY CLASSIFICATION AND HAZARD OF CONTENTS STAYED THE SAME SINCE LAST INSPECTION? (4.1.5)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-5 ARE ALL FIRE PROTECTION SYSTEMS IN SERVICE? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-6 HAS THE SYSTEM REMAINED IN SERVICE WITHOUT MODIFICATION SINCE THE LAST INSPECTION? (4.1.4)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-7 WAS THE SYSTEM FREE OF ACTUATION OF DEVICES OR ALARMS SINCE THE LAST INSPECTION?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-8 ALL DEFICIENCIES REPORTED AT LAST INSPECTION CORRECTED?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-9 WEEKLY LOGS OF INSPECTIONS REQUIRED BY NFPA #25 ON FILE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I-10 COPY OF NFPA #25 ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-11 I WOULD LIKE TO HAVE A COPY OF NFPA #25 AT AN EXTRA CHARGE OF \$50.00	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I-12 HAS AN INTERNAL INSPECTION OF PIPING AND CHECK VALVES BEEN COMPLETED? (14.2 & 13.4.2.1)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4/2018  
DATE

#### SECTION II - INSPECTOR'S SECTION

II-1 ANNUAL INSPECTIONS FOR WET PIPE SYSTEMS	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE ON INSPECTION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. HANGERS AND SEISMIC BRACING APPEARS UNDAMAGED AND TIGHTLY ATTACHED?	5.2.3.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. PIPING APPEARS FREE OF MECHANICAL DAMAGE?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. PIPING APPEARS FREE FROM LEAKAGE?	5.2.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PIPING APPEARS FREE OF CORROSION?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. PIPING APPEARS PROPERLY ALIGNED	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. PIPING APPEARS FREE OF EXTERNAL LOADING?	5.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. SPRINKLERS APPEAR FREE OF LEAKAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. SPRINKLERS APPEAR FREE OF LIGHT CORROSION?	5.2.1.1.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. SPRINKLERS APPEAR FREE OF HEAVY CORROSION?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SPRINKLERS APPEAR FREE OF FOREIGN MATERIALS?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. SPRINKLER FRAME AND ARMS APPEAR FREE OF PAINT?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. SPRINKLER BULB, DEFLECTOR, COVER PLATE, OR OPERATING ELEMENT	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

APPEAR FREE OF PAINT?

14. SPRINKLERS APPEAR FREE OF PHYSICAL DAMAGE?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. SPRINKLERS APPEAR PROPERLY ORIENTED?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. SPRINKLER SPRAY PATTERNS APPEAR FREE OF UNACCEPTABLE OBSTRUCTIONS?	5.2.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. GLASS BULBS APPEAR FULL OF LIQUID?	5.2.1.1.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. SPARE SPRINKLERS ARE OF PROPER NUMBER (AT LEAST 6), TYPE AND TEMPERATURE RATING?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. SPARE SPRINKLERS STORED WHERE TEMPERATURE MAXIMUM IS 100F?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. WRENCH AVAILABLE FOR EACH TYPE OF SPRINKLER?	5.2.1.4	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ADEQUATE HEAT IS PROVIDED MAINTAINING TEMPERATURES AT 40F OR HIGHER FOR BUILDING WITH WET SYSTEMS?	13.4.3.1.1 & 13.4.4.1.1		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. HYDRAULIC NAMEPLATE ATTACHED AND LEGIBLE?	5.2.6	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. ALARM DEVICE FREE FROM PHYSICAL DAMAGE?	5.2.5	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. FDC IS VISIBLE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. FDC IS ACCESSIBLE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. FDC SWIVELS/COUPLINGS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. FDC SWIVELS/COUPLINGS ROTATE SMOOTHLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. FDC PLUGS/CAPS UNDAMAGED?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. FDC GASKETS IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. FDC GASKETS IN PLACE AND IN GOOD CONDITION?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. FDC IDENTIFICATION SIGN IN PLACE?	13.7.1	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. FDC CHECK VALVE NOT LEAKING?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. FDC AUTOMATIC DRAIN VALVE IN PLACE?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. FDC AUTOMATIC DRAIN VALVE OPERATING PROPERLY?	13.7.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. FDC CLAPPER IS IN PLACE?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. FDC CLAPPER IS UNDAMAGED?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. FDC CLAPPER IS OPERATING PROPERLY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. FDC INTERIOR INSPECTED WHERE CAPS MISSING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. FDC OBSTRUCTIONS REMOVED AS NECESSARY?	13.7.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. PRESSURE REDUCING CONTROL VALVES (PRV) INDICATE OPEN ?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
40. PRV NOT LEAKING?	13.5.1.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41. PRV MAINTAINING DOWNSTREAM PRESSURE PER DESIGN?		RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
42. PRV IN GOOD CONDITION?	13.5.1.1	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
43. PRV HAND WHEEL INSTALLED?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
44. PRV HAND WHEEL IS NOT BROKEN?	13.5.2.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45. CONTROL VALVE LOCKED, SEALED, SUPERVISED, ACCESSIBLE OR IDENTIFICATION PRES	13.3.2.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. ALL SPRINKLERS ARE MANUFACTURED AFTER 1920?	5.3.1.1.1.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. HAVE ALL DRY SPRINKLERS THAT HAVE BEEN IN SERVICE FOR 10 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.6	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48. HAVE ALL SPRINKLERS USING FAST-RESPONSE ELEMENTS THAT HAVE BEEN IN SERVICE FOR 20 YEARS BEEN TESTED OR REPLACED?	5.3.1.1.1.3	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**II-2 ANNUAL TESTING FOR WET PIPE SYSTEMS**

	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE TESTING?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ADEQUATE DRAINAGE PROVIDED BEFORE FLOW TESTING?	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. MAIN DRAIN TEST	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MAIN DRAIN PIPE LOCATION		PIPE SIZE	STATIC BEFORE	RESIDUAL	STATIC AFTER	TIME TO REFILL
4-A	Outside riser	1	85	50	75	2
4-B						
4-C						
4-D						
4-E						
4-F						
4-G						
4-H						
4-I						
4-J						

5. ANTIFREEZE SOLUTION TESTED AND FREEZING POINT DETERMINED?	5.3.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. ANTIFREEZE SOLUTION FREEZING POINT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. ANTIFREEZE SOLUTION FREEZING POINT AFTER ADJUSTMENT?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. CONTROL VALVES (INCLUDING BACKFLOW AND PIV'S) OPERATED THROUGH FULL RANGE AND RETURN TO NORMAL POSITION:			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-A PROPER CLOSED POSITION?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-B VALVE IS LEAKING?	13.3.2.2	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-C CONTROL VALVE WILL OPERATE THROUGH ITS FULL RANGE?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8-D PIV WILL OPERATE THROUGH IT'S FULL RANGE?	13.3.3.1	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8-E VALVE SEALED, LOCKED, OR SUPERVISED?	13.3.3.2	YELLOW NON-CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. PIV'S OPENED UNTIL SPRING OR TORSION FELT INROD?	13.3.3.2	RED IMPAIRMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. BACKFLOW PREVENTION ASSEMBLY FORWARD FLOW TEST CONDUCTED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. SYSTEM DEMAND FLOW WAS ACHIEVED THROUGH THE DEVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. FORWARD FLOW TEST CONDUCTED AT MAXIMUM RATE POSSIBLE (ONLY WHERE CONNECTIONS DO NOT PERMIT FFT)?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. FORWARD FLOW TEST CONDUCTED W/OUT MEASURING FLOW (ONLY FOR BACKFLOW DEVICES 2" AND BELOW)?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14. FORWARD FLOW TEST SATISFIED BY ANNUAL FIRE PUMP FLOW TEST?			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15. BACKFLOW PREVENTER PERFORMED TEST CONDUCTED AS REQUIRED BY THE AHJ?	13.6.2.1	RED IMPAIRMENT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. PRV CONTROL VALVES PARTIAL FLOW TEST CONDUCTED AND ADEQUATE TO UNSEAT VA	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. WATER FLOW ALARM TESTED AND IS OPERATIONAL?	5.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. TEST CONDUCTED WITH INSPECTOR'S TEST CONNECTION?	5.3.3.3	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. TEST CONDUCTED WITH BYPASS CONNECTION(FREEZING WEATHER)?	5.3.3.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. TEST CONDUCTED PER MANUFACTURER'S INSTRUCTIONS?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM BACKFLOW PREVENTER ?	13.2.5	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM BACK	13.2.4	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. A MAIN DRAIN TEST CONDUCTED DOWNSTREAM FROM PRESSURE REDUCING VALVE?	13.2.5	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22-A. ADEQUATE DRAINING IS PROVIDED TO PERFORM A MAIN DRAIN TEST FROM PRV?	13.2.4	RED CRITICAL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. PERTINENT PARTIES NOTIFIED OF TEST CONCLUSION?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. ALARM PANEL CLEAR?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>II-3 ANNUAL MAINTENANCE FOR WET PIPE SYSTEMS</b>	REFERENCE	TAG	YES	NO	N/A
1. SYSTEM IN SERVICE BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PERTINENT PARTIES NOTIFIED BEFORE CONDUCTING MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. OPERATING STEMS OF OS&Y (INCLUDING BACKFLOW) VALVES LUBRICATED?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. VALVE COMPLETELY CLOSED AND REOPENED?	13.3.3.1	RED CRITICAL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. PERTINENT PARTIES NOTIFIED AFTER CONCLUSION OF MAINTENANCE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. SYSTEM RETURNED TO SERVICE?			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

