

# **TEGRIS Fire**

## **Dry Sprinkler Inspection Report**

**TEGRIS Fire™**

Email | support@tegrisfire.com

5202 Olympic Drive NW Suite 202

Gig Harbor, WA 98335

Phone +1 888.880.2467

www.tegrisfire.com

**WET SPRINKLER INSPECTION REPORT**  
(One System Per Report)

Today's Date: 4-24-20

Service Test       Repairs

Inspected Date: 4-2-20

Due Date: 4-2-21

System Location :

Coverage Area :

Certification Given :  RED  YELLOW  WHITE

**Occupant Information**

Bldg Name: SE Building Office

Address: 300 W Marine View Dr.

**Responsible Person**

Name: Ron Woolworth

Address:

Phone :

Email: 360.293.2591

**INSPECTION AND TESTING CONTRACTOR INFORMATION**

**Contractor Information**

Company Name: Columbia Fire, Inc.

Phone: 206-232-8569

Address: 111 S Findlay St. Seattle, WA 98108

Email:

State Contractor License #: COLUMFI952MG

License #:

**Inspector/Tester Information**

Name:

Phone#: 206-232-8569

**CERTIFICATIONS**

State Certification:

National/NICET:

Other Cert:

TYPE:

**MONITORING INFORMATION**

Central Station Monitoring?  Y  N

Monitoring Company: Bay Alarm

System Make:

Phone #:

System Model:

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Due Date: 4-2-21

Coverage Area :

Certification Given :     RED     YELLOW     WHITE   

**Occupant Information**

**Responsible Person**

Bldg Name: Caddman Building

Name: Ron Woolworth

Address:

Address:

300 W Marine View Dr.

Phone :

Email:

**INSPECTION AND TESTING CONTRACTOR INFORMATION**

**Contractor Information**

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Company Name: Columbia Fire, Inc.

Name:

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State Contractor License #: COLUMFI952MG

National/NICET:

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Other Cert:                      TYPE:

**MONITORING INFORMATION**

Central Station Monitoring?     Y     N

Monitoring Company: Bay Alarm

Phone #:

System Make:

System Model:

Refer to the local and state standards for a complete description of the inspection, testing, and maintenance requirements. The inspection results provided in this report are based only on the system's current ability to operate and shall not be construed as an evaluation of the system's performance capabilities to adequately protect the property. Information in this report may or may not include possible performance concerns and should not be considered all inclusive. It is solely the property owner's responsibility to determine if a separate investigation should be done to ensure the system will perform as designed and that the property is adequately protected. It is also the property owner's responsibility to maintain the system, property and any possible environmental conditions that may affect the system's operability and performance.

**SYSTEM FUNCTIONALITY**

**SYSTEM**

Hydraulic nameplate installed and visible on riser?  Yes  No

**HYDRAULIC NAMEPLATE INFORMATION**

Recorded design density? (gpm per sq.ft.) \_\_\_\_\_ gpm per sq.ft.  
 Indicate pipe schedule:  Light  Ordinary  Extra  N/A  
 Main Drain flow test conducted?  Yes  No  
 Main Drain test pipe size? \_\_\_\_\_ 2" inches  
 Static Pressure: \_\_\_\_\_ 110 psi  
 Residual Pressure: \_\_\_\_\_ 100 psi  
 Trip Test Conducted?  Partial  Full  N/A  
 Date of last full Trip Test? \_\_\_\_\_ n/a (MM-DD-YYYY)  
 System tripped in: \_\_\_\_\_ 10 sec  
 Flow switches, supervisory alarms, and air maintenance devices tested?  Yes  No  N/A  
 Electric Bell - operates properly?  Yes  No  N/A  
 Water Motor Gong - operates properly?  Yes  No  N/A  
 Central Station monitoring company received signal?  Yes  No  N/A  
 Pipe and valves internally inspected for obstruction? (5 year)  Yes  No  N/A  
 System gauges replaced or calibrated? (5 year)  Yes  No  N/A

**VALVES**

Pressure regulating valves tested?  Yes  No  N/A  
 Valves are sealed, locked, or supervised properly?  Yes  No  N/A  
 Control valves have proper signage?  Yes  No  N/A  
 Interior of system valve inspected and cleaned thoroughly?  Yes  No  N/A  
 Valves inspected and lubricated?  Yes  No  N/A

**INSPECTOR'S DECLARATION**

By checking here you are certifying, under penalty of perjury, that you are a valid agent of your company representing that the company maintains all the necessary licenses and/or certifications to perform this service for this system in this jurisdiction AND THAT the company has properly inspected this system consistent with state and local standards AND THAT the system has been properly tagged or labeled and the property owner or responsible person has been notified of the inspection results, the system status, and any corrective actions.

**AUTHORITY SYSTEM INFORMATION**

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**SYSTEM FUNCTIONALITY**

**SYSTEM**

Hydraulic nameplate installed and visible on riser?  Yes  No

**HYDRAULIC NAMEPLATE INFORMATION**

Recorded design density? (gpm per sq.ft.) \_\_\_\_\_ gpm per sq.ft.  
 Indicate pipe schedule:  Light  Ordinary  Extra  N/A  
 Main Drain flow test conducted?  Yes  No  
 Main Drain test pipe size? \_\_\_\_\_ 2" \_\_\_\_\_ inches  
 Static Pressure: \_\_\_\_\_ 110 \_\_\_\_\_ psi  
 Residual Pressure: \_\_\_\_\_ 100 \_\_\_\_\_ psi  
 Flow switches, supervisory switches, and alarm bell tested?  Yes  No  N/A  
 Electric Bell - operates properly?  Yes  No  N/A  
 Water Motor Gong - operates properly?  Yes  No  N/A  
 Central Station monitoring company received signal?  Yes  No  N/A  
 Pipe and valves internally inspected for obstruction? (5 year)  Yes  No  N/A  
 System gauges replaced or calibrated? (5 year)  Yes  No  N/A  
 Was antifreeze solution checked and does system operate properly?  Yes  No  N/A

**VALVES**

Pressure regulating valves tested?  Yes  No  N/A  
 Valves are sealed, locked, or supervised properly?  Yes  No  N/A  
 Control valves have proper signage?  Yes  No  N/A  
 Valves inspected and lubricated?  Yes  No  N/A

**SPRINKLERS**

Number of known sprinklers: \_\_\_\_\_

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Service Test       Repairs

Inspected Date: 4-2-20

Due Date: 4-2-21

System Location :

Coverage Area :

Certification Given :     RED     YELLOW     WHITE   

**Occupant Information**

Bldg Name: SE Building Warehouse

Address: 300 W Marine View Dr.

**Responsible Person**

Name: Ron Woolworth

Address:

Phone :

Email: 360.293.2591

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**Contractor Information**

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**Inspector/Tester Information**

Name:

Phone#: 206-232-8569

**CERTIFICATIONS**

State Certification:

National/NICET:

Other Cert:

TYPE:

**MONITORING INFORMATION**

Central Station Monitoring?     Y     N

Monitoring Company: Bay Alarm

System Make:

Phone #:

System Model:



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**SYSTEM FUNCTIONALITY**

**SYSTEM**

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**HYDRAULIC NAMEPLATE INFORMATION**

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 Main Drain flow test conducted?  Yes  No  
 Main Drain test pipe size?  2" inches  
 Static Pressure:  110 psi  
 Residual Pressure:  100 psi  
 Flow switches, supervisory switches, and alarm bell tested?  Yes  No  N/A  
 Electric Bell - operates properly?  Yes  No  N/A  
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System Location : Coverage Area :		Certification Given : <input type="checkbox"/> RED <input type="checkbox"/> YELLOW <input checked="" type="checkbox"/> WHITE <input type="checkbox"/>
<b>Occupant Information</b>		<b>Responsible Person</b>
Bldg Name: SE Building Storage Address: 300 W Marine View Dr.		Name: Ron Woolworth Address: Phone : Email:
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<b>Contractor Information</b>		<b>Inspector/Tester Information</b>
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<b>MONITORING INFORMATION</b>		
Central Station Monitoring? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		
Monitoring Company: Bay Alarm System Make:		Phone #: System Model:

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 Trip Test Conducted?  Partial  Full  N/A  
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