



PLEASANT PRAIRIE ANNUAL SPRINKLER TEST SUPPLEMENTAL FORM  
 8044-88<sup>th</sup> Ave.  
 Pleasant Prairie, WI 53158  
 PH: 262-694-8027  
 EMAIL: FIRE.NFPA2572@PLEASANTPRAIRIEWI.GOV

This form addresses specific concerns common in Pleasant Prairie. Per Village Ordinance § 180-16N(3), an annual inspection permit fee is required prior to performing the annual NFPA 25 inspection test or triple charges will be incurred. This form shall be completed and submitted to the Pleasant Prairie Fire & Rescue Department with the current sprinkler test form used by the licensed Wisconsin sprinkler contractor within **ten days** of the completed inspection date or triple fees will be incurred.

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Sprinkler Company: \_\_\_\_\_

Inspector Name: \_\_\_\_\_

Wisconsin State Fire Protection License Number: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Number of Sprinkler Risers in Building: \_\_\_\_\_

Total Amount of Water Used During this Inspection: \_\_\_\_\_ gallons

**Pumper Pad, F.D.C.**

	Yes	No	N/A
1.) FDC/Hydrant in working order	_____	_____	_____
2.) FDC/Hydrant accessible	_____	_____	_____
3.) Manhole accessible, pit free of water, if not, pump out	_____	_____	_____
4.) Check Valve operating properly	_____	_____	_____
5.) Inspect/Flush Pumper Pad Hydrant	_____	_____	_____
6.) Pressure Test F.D.C ( <b>150 psi</b> ) at pumper pad	_____	_____	_____
Record psi after <b>15</b> minutes _____	_____	_____	_____

**Hydrants:**

*\*The property or tenant owner must maintain all municipally fed private hydrants on private property. These hydrants shall be painted Sherwin Williams Blue Chip SW6959*

*\*Hydrants fed by a fire pump on a pressurized loop must be tested and maintained. All pressurized loop hydrants shall be painted Sherwin-Williams Mueller Safety Yellow chip SW4084.*

*\* Municipal Hydrants are located only in the public right-of-way*

	Yes	No	N/A
1.) Inspect and flush all private hydrants *yellow/blue	_____	_____	_____
2.) Grease all property hydrants	_____	_____	_____
3.) All hydrants properly maintained	_____	_____	_____
4.) All yard hydrants solid yellow in color	_____	_____	_____
5.) Physical obstructions to hydrants cleared away	_____	_____	_____

<b>Valves</b>	Yes	No	N/A
1. All sectional valves maintained and exercised	_____	_____	_____
2. Tamper/Padlock on valves operational	_____	_____	_____
3. Hydrant shut off valves working and exercised	_____	_____	_____
4. Padlocks, able to operate	_____	_____	_____

<b>Outside Strobe/Bell</b>	Yes	No	N/A
1. All strobe/bells operating at correct riser	_____	_____	_____
2. All strobe lights red in color and installed vertical	_____	_____	_____
3. Inspect strobe/bell for damage, operating properly	_____	_____	_____

<b>Pump Room</b>	Yes	No	N/A
1. All valves locked or tamper switches operational	_____	_____	_____
2. Alarm supervision for fire pump (power/pump run)	_____	_____	_____
3. All valves maintained, greased, exercised	_____	_____	_____
4. Emergency lighting present in room	_____	_____	_____
5. Fire pump meets design at 100% of capacity	_____	_____	_____

**Water Flow Test**

Done without the fire or jockey pump on.

Static Pressure: \_\_\_\_\_ psi

Residual Pressure: \_\_\_\_\_ psi

Residual Pressure required at the base of the riser (most demanding): \_\_\_\_\_ psi

Last date of full flow or partial tripping of dry valve : \_\_\_\_\_

**Comments**

(Any "No" answers, test failures or other discrepancies found during the inspection must be explained here).

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I state that the information on this form is correct at the time of my inspection, and that all equipment tested at this time was left in 100% operational condition upon completion of this inspection except as noted in the comment section above.

Signature of Inspector \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Inspector \_\_\_\_\_

**Repair of Discrepancies:**

(Explain the repair and projected date that the above discrepancies will be repaired).

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I have been made aware of the discrepancies found on this inspection and will bring the fire protection system into compliance with NFPA 13, NFPA 20, NFPA 25. The Village of Pleasant Prairie Fire & Rescue Department will be notified when repairs are completed.

Name of Owner/Representative: \_\_\_\_\_

Signature of Owner/Representative: \_\_\_\_\_