

DYNAMIC

Fire Protection Systems, Inc.



427 Meadows Circle, Ridgway, CO. 81432
Phone: 970-626-3357 Fax: 970-626-3374

Inspection Frequency:

Annual Semi-Annual
Quarterly Weekly

Conferred With: Dave

NFPA-25
REPORT OF INSPECTION
WET, DRY, PREACTION & DELUGE SYSTEM (S)

Inspector: JLM / **

Date: 7-19-16
Time: 10:30 AM
Property: Rio Vista Condo's
Address: 305 Society Drive
City, State, Zip: Telluride, CO 81435
E-Mail: t.ride.dave@hotmail.com

Contracted: Rio Vista II HOA
Address: P. O. Box 3046
City, State, Zip: Telluride, CO 81435
Phone: 1-970-708-2290

Contract #: 416221

1. General Information:	Yes	N/A	No
a. Is the building occupied?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the occupancy and or equipment same as the previous inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all fire protection systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are all fire protection systems in the same condition as last inspection?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Is the building structure completely equipped with a fire sprinkler system?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Do all new additions, modifications or areas within the building appear to be properly protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
g. Is the stock or storage located minimally eighteen (18") inches below sprinkler deflectors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Has the property remained free of a fire occurrence since last inspection? (Explain any fire)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Is there a spare head box with the appropriate spare sprinkler heads and head wrench?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
j. Are sprinkler heads in good condition, not obstructed, not recalled, free of corrosion and loading?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
k. Are the sprinklers less than 50 years old?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Has the system piping been checked for obstructive materials when indicated?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m. Have fire pumps been tested to full capacity within the past 12 months?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
n. Does the system riser/s properly indicate the hydraulic design criteria, and affixed to system riser?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

2. Control Valves:	Yes	N/A	No
a. Are all system control valves in the full open or appropriate closed position?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all control valves sealed, locked <input type="checkbox"/> or supervised <input type="checkbox"/> ?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c. Are all valves free from physical damage, corrosion, and accurately indicating open or closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Water Supplies:	Yes	N/A	No
a. Was the inspectors test results satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b. Is the main drain of the correct and adequate size?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Does the inspectors test and main drain allow for full port opening of the valve?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Water supply source: City: _____ X _____ Pump: _____ Tank: _____			

Riser # Or Location	Size Discharge	Static Prior (City)	Static (System)	Flow Pressure	Static After (City)	Static (System)	Alarm Delay and Comments
1 st Floor Commercial A1	1"	?	185	?	?	160	23 Seconds / Manual Test
2 nd Floor B1 - Bath	1"	?	150	?	?	150	13 Seconds / Manual Test
3 rd Floor C1 - Bath	1"	?	155	?	?	155	11 Seconds / Manual Test
4 th Floor D1 - Bath	1"	?	140	?	?	140	19 Seconds / Manual Test
							? = No Gauge Present On City Side
							Doing a flow test will dilute the antifreeze

4. Fire Department Connection:	Yes	N/A	No
a. Is the Fire Dept Connection free of physical damage; are the hose couplings free and caps in place?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the FDC check holding against city pressure?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the FDC visible and accessible? Mfg. CSC Model: 300 Size: 2.5" Style: Brass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. General Alarms:	Yes	N/A	No
a. Did the Water Motor Alarm or Electric Bell test satisfactory?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the Third Party Monitoring Company receive all the trouble and alarm signals?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Did the Supervisory Tamper Alarms test satisfactorily? Mfg. Milwaukee Model: BB-SCSO Type: N/A Size: 2"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the Supervisory Flow Alarms test satisfactorily? Mfg. Potter Model: VSR-SF Type: Thread Size: 2"	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Dry / Pre- Action Systems:	Yes	N/A	No
a. Is the Dry system valve in service and in good physical and operable condition?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Is air pressure and priming water levels normal?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c. Is air compressor in good condition and working properly?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
d. Is there a U.L. Listed pressure relief valve installed between the air compressor and control valve?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
e. Were low point drum drips drained during the fall or winter inspections?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
f. Are quick opening devices in service?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Check valve is present between the quick opening device and the intermediate dry valve chamber?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
h. Has piping been checked for internal obstructions within the past 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Has exposed piping been checked for proper pitch within the past 5 years?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j. Has the Dry Valve been trip tested annually and satisfactorily?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
k. Is the Dry Valve adequately protected against freezing conditions?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Description:	Manufacturer	Model #	Size	Style	Accessible		Signs		Secured		Condition
					Yes	No	Yes	No	Yes	No	
Pressure Reducing Valve	None										
Backflow Prevention Device	Febco	860	2"	RP	x			NA	x		Good
Main Supply Control Valve											
System Control Valve	Milwaukee	bb-scsco	2" – 1"	Thread	x			x	x		Good
Floor Assembly Control Valve											
Anti-Freeze Sys. Control Valve											
System Check Valve											
FDC Check Valve	United	200	2"	Swing	x			NA	x		Signs Of Leaking

7. See attached separate report for: Fire Alarm Dry Deluge Pre-action Other

8. Antifreeze Systems:

The freezing point of solutions in antifreeze shall be tested annually by measuring the specific gravity with a hydrometer or digital refractometer. Listed CPVC pipe and fittings should be protected from freezing with glycerin only. The use of Diethylene, Ethylene or Propylene Glycol are specifically prohibited within CPVC systems.

- a. Type of Antifreeze: Glycol
- b. Readings:
 - Unit A= +30°F At 3.5% Value
 - Unit B= +20°F At 17.8% Value
 - Unit C= +5°F At 32.3% Value
 - Unit D= +30°F At 4.4% Value
- c. Approx. Antifreeze Gallons: Unknown

Explanation of any 'NO' answers indicated on Page 1:
See Attached Report for Explanation of "NO" Answers.

- a.) There is a CSC Recalled sprinkler head in the Main Mechanical Room.
- b.) There are recalled heads in water heater rooms and laundry closets throughout.
- c.) There are "residential" sprinkler heads installed in commercial application tenant spaces.
- d.) There are "painted" sprinkler heads in Unit A1. (Total of 10 Heads)
- e.) No spare head wrench in head box
- f.) No hydraulic calc system information at riser.
- g.) The main drains to both systems are not piped to a floor drain or outside of the building
- h.) Control valves on main backflow prevention device are not 3rd party monitored.
- i.) No thermal expansion tanks on any of the fire sprinkler supply systems.
- j.) FDC check valve shows signs of leaking.
- k.) A1 inspectors test valve appears to be leaking.
- l.) The antifreeze system isolation check valves appear to be drilled on all 4 systems.
- m.) Recharge antifreeze systems to proper freeze point levels per code.
- n.) Unit D1 Add 1 sprinkler head in hot water heater closet.
- o.) Unit D1 Repair leaking 1" copper tee in attic space above bathroom.
- p.) Unit B1 missing 1 white recessed escutcheon in the bedroom and the water heater closet.
- q.) Unit B3 missing 1 white recessed escutcheon in the bathroom.
- r.) No access to units B4, B5, and D2 at this time.