

WATER-BASED FIRE PROTECTION SYSTEM

Acceptance Inspection/Test Request

Fairfax County Office of the Fire Marshal, Fire Protection Systems Branch, 10700 Page Avenue, Fairfax, VA 22030
Phone - 703-246-4821, TTY 711, Fax - 703-246-6041

Permit / AP # _____ Review ID old system only _____

Today's Date: _____/_____/_____

Company: _____

Phone No: _____ - _____ - _____

Requesters Name: _____

Fax No: _____ - _____ - _____

Email Address: _____

Project Address: _____ Building: _____ Floor / Suite: _____

Tenant Name: _____ Project Name: _____

Completion / Request Date: _____/_____/_____ Options: _____ Time Requested: AM PM

Estimated Inspection Time Check one

- | | | |
|---|--|---|
| <input type="checkbox"/> 15-Minute Inspection | <input type="checkbox"/> 1-Hour inspection with 1-inspector | <input type="checkbox"/> 4+ hour inspection with 2-inspectors |
| <input type="checkbox"/> 30-Minute Inspection | <input type="checkbox"/> 2-Hour inspection with 1-inspector | <input type="checkbox"/> Overtime Inspection |
| <input type="checkbox"/> 45-Minute Inspection | <input type="checkbox"/> 2-Hour inspection with 2-inspectors | |

Type Test Check One

- | | | |
|---|--|--|
| <input type="checkbox"/> UG Visual <i>*(check below)</i> | <input type="checkbox"/> Standpipe Hydro | <input type="checkbox"/> Main Drain Test |
| <input type="checkbox"/> UG Visual & Hydro <i>*(check below)</i> | <input type="checkbox"/> FDC Hydro | <input type="checkbox"/> Sprinkler Visual |
| <input type="checkbox"/> UG Hydro <i>*(check below)</i> | <input type="checkbox"/> Bulk Pipe Hydro | <input type="checkbox"/> Final Walk |
| <input type="checkbox"/> UG Hydro & Flush <i>*(check below)</i> | <input type="checkbox"/> Fire Pump Test | <input type="checkbox"/> 15-minute Hydro |
| <input type="checkbox"/> UG Flush) <i>*(check below)</i> | <input type="checkbox"/> Trip Test | <input type="checkbox"/> 13-R Booster Pump |
| <input type="checkbox"/> UG Visual, Hydro & Flush <i>*(check below)</i> | <input type="checkbox"/> Standpipe Flow/ Flush | <input type="checkbox"/> Preaction |
| <input type="checkbox"/> Sprinkler Hydro | <input type="checkbox"/> 24-Hour Air Test | |
| <input type="checkbox"/> Other _____ | | |

* Check portion of UG Fireline to be inspected

- Portion of UG Fireline from street valve to five feet outside building.
- Portion of UG Fireline from five feet outside building to first flange inside.
- Entire UG Fireline from street valve to first flange inside building.

Scheduled Test Date _____/_____/ 20 _____ @ _____

or will call with a 2-hour time frame

Inspector _____/_____

Scheduled by Inspector _____