

# Santa Fe County Fire Department

## Plan Review for Fire Sprinkler and Standpipe Systems

Plan Reviewer's Name: \_\_\_\_\_

Date: \_\_\_\_\_

1.	Project: _____	Contact Number: _____
2.	Project Street Address: _____	
3.	City: _____	State: _____ Zip: _____
4.	Fire Protection Contractor Name: _____	
5.	Fire Protection Contractor Street Address: _____	
6.	City: _____	State: _____ Zip: _____
7.	License/ Registration No: _____	Phone No: ( ) _____ Fax No: ( ) _____
8.	Date of Plan: _____	Last Revision Date: _____ Revision Date: _____
8.	Signature on Plans: _____	
9.	This Form Completed By: _____	
10.	Comments: _____ _____ _____	

<b>11. Site Plan:</b>		
11.1	Underground Fire Main Size: _____	Located and Dimensioned: <input type="checkbox"/> Y <input type="checkbox"/> N
11.2	City Water Main Size: _____	Circulating: <input type="checkbox"/> Y <input type="checkbox"/> N
11.3	Proper Pipe Bending Material: <input type="checkbox"/> Y <input type="checkbox"/> N	Compacted backfill: <input type="checkbox"/> Y <input type="checkbox"/> N
11.4	Thrust Block Shown: <input type="checkbox"/> Y <input type="checkbox"/> N	Clamps/ Rods Noted: <input type="checkbox"/> Y <input type="checkbox"/> N
11.5	Water Flow Test: Static psi: _____	Residual psi: _____ GPM: _____
11.6	Number of Outlets Flowed: _____	Size of Outlets Flowed: _____
11.7	Hydrant Locations Shown: <input type="checkbox"/> Y <input type="checkbox"/> N	Distance to FDC: (feet) _____
11.8	Utility Lines Located for Coordination and excavation: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.9	Adjacent Streets with Names and Locations Shown: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.10	North direction Indicated: <input type="checkbox"/> Y <input type="checkbox"/> N	Scale on Drawing Note: <input type="checkbox"/> Y <input type="checkbox"/> N
11.11	Scale on Drawing is Graphically Indicated: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.12	Paved Parking, Roads and Fire Lanes are Indicated: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.13	Fire Department Connection Location is Accessible: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.14	Fire Department Connection located on Building wall: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.15	Exterior Alarm Device in an Acceptable and Visible Location: <input type="checkbox"/> Y <input type="checkbox"/> N	
11.16	Water Motor Gong: _____	Light Horn: _____ Electric bell: _____

Comments This Page: _____ _____ _____
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**12. Hazardous Classification:**

12.1 Light Hazard: \_\_\_\_\_ Description: \_\_\_\_\_  
12.2 Ordinary Group: 1 2 3 Description: \_\_\_\_\_  
12.3 Extra Hazard: 1 2 Description: \_\_\_\_\_  
12.4 General Storage to 12 ft. height (NFPA13): \_\_\_\_\_ Commodity Class: \_\_\_\_\_  
12.5 General Storage Over 12 ft. Height (NFPA 231): \_\_\_\_\_ Storage Height: \_\_\_\_\_  
12.6 Rack Storage (NFPA 231 C) : \_\_\_\_\_ Storage Height: \_\_\_\_\_ In Rack Heads:  Y  N  
12.7 Interior Hose Station Information: \_\_\_\_\_ Required:  Y  N  
Supply From Overhead System:  Y  N Supply from Adjacent Overhead System:  Y  N  
Supply is Separated Piping System:  Y  N  
12.8 Applicable NFPA Standard: 13  13R  13D  231  231C  Other: \_\_\_\_\_  
12.9 Type of System:  Wet  Dry  Combined Dry/ Preaction  Antifreeze

12.10 System Con \_\_\_\_\_  
12.11 System Area \_\_\_\_\_  
Warehouse \_\_\_\_\_  
Extra Hazard \_\_\_\_\_  
Extra Hazard \_\_\_\_\_  
Dry System \_\_\_\_\_ Gal.  
12.12 System Desi \_\_\_\_\_ Sq. ft.  
12.13 Remote Area \_\_\_\_\_  
12.14 Dry System \_\_\_\_\_ ft.

**Type of Co**

13.1 Type and De \_\_\_\_\_  
Beam and G \_\_\_\_\_  
Composite v \_\_\_\_\_  
Panel Const \_\_\_\_\_  
Beam Sizes: \_\_\_\_\_  
13.2 Type and de \_\_\_\_\_  
Bar Joist: \_\_\_\_\_  
Smooth Ceil \_\_\_\_\_  
Wood Truss \_\_\_\_\_  
Other: \_\_\_\_\_

13.3 Roof Construction: Combustible: \_\_\_\_\_ Non-Combustible: \_\_\_\_\_  
13.4 Ceiling Construction: Combustible: \_\_\_\_\_ Non-Combustible: \_\_\_\_\_  
13.5 Attic Space uses as an air Plenum: \_\_\_\_\_ Steel Fire Proofed: \_\_\_\_\_  
13.6 Fire Separation Walls / smoked Barriers / Floor Penetrations Fire Caulked:  Y  N  
13.7 Draft Curtains:  Y  N Smoke / Heat Vents:  Y  N  
13.8 Skylights / Glass Roofs:  Y  N Ceiling Elevation Defined:  Y  N  
13.9 Earthquake and/ or Sway bracing Required:  Y  N  
13.10 Hanger Material Defined:  Y  N

Comments this Page: \_\_\_\_\_  
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**14. Sprinkler Head Spacing and Information:**

14.1 Actual Head Spacing on Drawing:

Light Hazard: \_\_\_\_\_ Sq. ft. per Head

Ordinary Hazard: \_\_\_\_\_ Sq. ft. per Head

Extra hazard pipe Schedule: \_\_\_\_\_ Sq. ft. per Head

Extra Hazard Calculated \_\_\_\_\_ Sq. ft. per Head

High piled storage with density below .25 (max 130 sq. ft.) \_\_\_\_\_

High piled storage with density over .25 (max 100 sq. ft.) \_\_\_\_\_

ESFR Sprinkler heads (Max 100 sq. ft.) \_\_\_\_\_ Large drop sprinkler: \_\_\_\_\_ Sq.ft.

Extended coverage or upright or pendent: \_\_\_\_\_ Sq. ft. per head

Sidewall heads: \_\_\_\_\_ Sq. ft. Extended coverage: \_\_\_\_\_ Sq. ft.

Small room rule \_\_\_\_\_

Other: \_\_\_\_\_

14.2 Deflector distance \_\_\_\_\_

Unobstructed \_\_\_\_\_

14.3 Special Considerations \_\_\_\_\_

Min. 18" Clearance \_\_\_\_\_

Min. clearance \_\_\_\_\_

Temperature \_\_\_\_\_

Heater Zones: \_\_\_\_\_

Ventilated Attic \_\_\_\_\_

Unventilated Attic \_\_\_\_\_

Skylights (Plastic) \_\_\_\_\_

Single level of \_\_\_\_\_

Multiple Level \_\_\_\_\_



**15.**

15.1 Single Wet Risers \_\_\_\_\_

15.2 Single Dry Risers \_\_\_\_\_

15.3 Multiple System Riser Valve arrangement with a single lead in supply:  Y  N

15.4 The required relief valve is shown on a wet grid system:  Y  N

15.5 Water pressure gauges are provided above and below the main check valve:  Y  N

15.6 Is the inspectors Test connection valve and discharge location acceptable:  Y  N

15.7 Auxiliary drains are indicated on secondary mains of gridded system:  Y  N

15.8 Are auxiliary drains and discharge for trapped sections of piping shown:  Y  N

Comments this page: \_\_\_\_\_

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<b>16. Standpipe System:</b>	<b>Low Rise Buildings</b>	Number of stories: _____
16.1 Interior Hose stations:	<input type="checkbox"/> Y <input type="checkbox"/> N	Exterior hose stations: <input type="checkbox"/> Y <input type="checkbox"/> N
16.2 Supply from sprinkler System:	<input type="checkbox"/> Y <input type="checkbox"/> N	Separate control valves: <input type="checkbox"/> Y <input type="checkbox"/> N
16.3 Size of sprinkler pipe supplying interior hose stations:	_____ Inch Pipe	_____ Feet
16.4 Size of pipe to interior hose stations:	_____ Inch	Length of pipe: _____ Feet
16.5 Hose station with hose:	<input type="checkbox"/> Y <input type="checkbox"/> N	Rack: <input type="checkbox"/> Y <input type="checkbox"/> N Cabinet: <input type="checkbox"/> Y <input type="checkbox"/> N
16.6 Size of valve: 1.5 inch:	<input type="checkbox"/> Y <input type="checkbox"/> N	2.5 In. <input type="checkbox"/> Y <input type="checkbox"/> N 2.5 x 1.5 Reducer <input type="checkbox"/> Y <input type="checkbox"/> N
16.7 Type of nozzle:	Adjustable: _____	Straight: _____ Other: _____
16.8 Minimum Nozzle operating pressure:	_____ Psi.	Discharge _____ Gpm.
16.9 Other:	_____	

<b>17.</b>		
17.1 Height from _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.2 Roof Manifold _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.3 Roof Manifold _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.4 Hose valve c _____		
Pressure res _____		
Factory set/ _____		<input type="checkbox"/> Y <input type="checkbox"/> N
Other: _____		
17.5 Types of sta _____		i-automatic Dry
17.6 Class of star _____		
17.7 Are valued c _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.8 Are manual i _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.9 Is minimum i _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.10 250 gpm with _____		red: _____
17.11 Class 2 mini _____		<input type="checkbox"/> Y <input type="checkbox"/> N
17.12 Standpipe is _____		

<b>18. Special Fir</b>		
18.1 Public City V _____		depend <input type="checkbox"/>
18.2 Elevated Tai _____		
Height to bottom of tank: _____ Feet		_____ Feet
18.3 Ground Storage:		Capacity: _____ Gallons
Diameter: _____ Feet _____ Inches		Height: _____ Feet _____ Inches
18.4 Open Reservoir <input type="checkbox"/> Y <input type="checkbox"/> N	Rubberized Bladder tank <input type="checkbox"/> Y <input type="checkbox"/> N	Capacity: _____ Gallons
Other: _____		
18.5 Electric Driven Pump <input type="checkbox"/>	Diesel Driven Pump <input type="checkbox"/>	Vertical <input type="checkbox"/>
		Horizontal <input type="checkbox"/>
18.6 Type of controller: _____		Transfer switch provided <input type="checkbox"/> Y <input type="checkbox"/> N
18.7 Gpm: _____	Discharge psi: _____	Suction Pressure psi: _____

Comments this page: \_\_\_\_\_

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