

Sprinkler Contractor: _____

Estimator: _____

Date: _____

Notes:

Job Name and location:
Flow Test Information:

Static psi

Residential psi

Flow in gpm

Date Test was taken

Building Information: (Please complete, circle or check all applicable items)

Building is _____ sq. ft., and has _____ floor(s). Overall height is _____ ft. (with) (without) an attic.

Is this building: (New) (Existing) (Addition) (Existing and Addition)

Building construction is: (Combustible) (Non-Combustible) (Mixed Construction)

The Building Class is an: (Apartment) (Arena) (Church) (Clinic) (Hospital) (Jail) (Office) (School) (Shopping Mall) (Theater) (Warehouse) (Warehouse Store) (_____)

Header:

No. of Risers

Wet System

Dry System

Pre-Action

Deluge

Sprinklers:

Upright

Pendant

Others

Attic

 Concealed Comb
Space

Hydraulic calculations

please note how many of each

Light Hazard

Ord Hazard I

Ord Hazard II

Extra Hazard

Storage

Other

Fire Pump:

Does this project have a fire pump? (yes) (no)

Pump capacity is _____ gpm at psi or _____ ft. of head

Miscellaneous: Please note any other items affecting the design

