



COUNTY OF LOS ANGELES FIRE DEPARTMENT FIVE YEAR CERTIFICATION REPORT

Service and maintenance report of automatic fire extinguishing systems, including fire sprinkler, dry, deluge, and pre-action systems, hose cabinets, plus on-site fire hydrants, alarm and supervisory equipment attached to those systems (As per Title 19, Health & Safety Code, NFPA and County of Los Angeles Fire Code).

Date 3/11/09

Business Name City of Commerce Veterans Park Phone 323 887-4450

Address 2535 Commerce Way City Commerce

Testing Agency Fire Prevention Services Phone (562) 697-9740

Address 1470 N. Brighton St. City La Habra

Inspector Name Robert M. Sanchez License #/type 638586 C-16

Fire Inspector None Phone _____

NOTE: Notify the local L.A. County Fire Prevention Office at least 48 hours prior to test.

Test Witnessed: Yes ☐ No ☒ Fire Inspector N/A

System Design/Density Unknown Head Temp. 155 Orifice Size 1/2"

Explain all NO answers on last page.

1. General

	YES	NO	N/A
A. Are all systems in service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is the building completely sprinklered, and are all areas protected as per NFPA and the Fire Building Code?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is the required clearance of stock or storage maintained below sprinkler heads?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. In areas protected by a wet system, does the building appear to be properly heated in all areas?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Have all sprinkler components been checked to ensure that they have not been recalled by the U.S. Consumer Products Safety Commission? (i.e. Omega Sprinkler Heads, <u>Certain</u> "Star" Dry Type Sprinkler Heads, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Fire Department Connection

A. Are fire department connections in satisfactory condition (threads, couplings free, caps in place, check valves tight, gaskets in place and in good condition)?

YES ☒ NO ☐ N/A ☐

B. Was backflush of FDC completed?

☒ ☐ ☐

C. Are all inlets accessible, and between 24" to 42" above grade?

☒ ☐ ☐

D. Are metal identification signs in place?

☒ ☐ ☐

E. Is the red paint in satisfactory condition?

☒ ☐ ☐

3. Control Valves

A. Are all sprinkler main control valves open?

YES ☒ NO ☐ N/A ☐

B. Are all other valves in the proper position?

☒ ☐ ☐

C. Are all control valves in good condition (all valves shall be locked open – Break away lock), and electronically supervised?

☒ ☐ ☐

D. Are the control valves unobstructed and accessible?

☒ ☐ ☐

E. Are identification signs for all control valves and locations provided (storage rooms, closets, etc).

☒ ☐ ☐

	Open		Secured		Signs		Operated		
	Yes	No	Yes	No	Yes	No	Yes	No	N/A
City connection valve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tank control valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump control valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sectional control valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
System control valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PIV and/or OSY valves	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Underground gate valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Risers, Gauges, Inspector's Test and Main Drain Test

A. **Inspector's Test** – Did the local alarm activate within 90 seconds of opening the Inspectors Test Valve on each system? Yes ☒ No ☐

B. **Main Drain Test** – Test gauge shall be installed at each test gauge opening to determine accuracy of existing gauges, before conducting a main drain test.

Riser Number	Main Drain Size	Accuracy of Existing Gauge	Pressure Before	Flow Pressure	Pressure After	Did pressure return to static promptly?
#1	2	Good	105 psi	85 psi	95 psi	Yes
#2						
#3						
#4						
#5						
#6						
#7						

NOTE: A slow return to original static pressure on the gauges may indicate partially closed valves or obstructions in the underground piping.

4. Risers, Gauges, Inspector's Test and Main Drain Test (Continued)

- C. Are all risers, gauges and bracing in satisfactory condition?
- D. Are the correct spare sprinkler heads (temp. type) and wrenches provided in the spare sprinkler box adjacent to the riser?

YES NO N/A

☒ ☐ ☐☒ ☐ ☐**5. Sprinkler-Piping**

- A. Are all sprinklers in good condition, unobstructed and free of corrosion or paint?
- B. Are all sprinklers less than 50 years old?
- C. Is condition of piping, drain valves, check valves, hangers and pressure gauges satisfactory?
- D. Have sprinklers been checked for proper temperature rating?

YES NO N/A

☒ ☐ ☐☒ ☐ ☐☒ ☐ ☐☒ ☐ ☐**6. 1 1/2" Hose and Related Equipment**

- A. Are valves fully operable and was a minimum of five gallons of water flowed from each?
- B. Was the cabinet inspected for accessibility and condition?
- C. Was hose removed and service tested as per NFPA 1962(1998ed) at five years after purchase date and every five years thereafter?
- D. Are correct nozzles provided?
- E. Are all required gaskets in good condition?
- F. Type of hose: Lined ☒ Unlined ☐ Purchase Date _____

YES NO N/A

☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒

NOTE: Replacement hose to comply with U.B.C Standard 9-2 (1997ed)

7. Dry, Deluge, Preaction Systems

- A. Were all system components inspected for condition and serviceability?
- B. Was air pressure and priming water level normal?
- C. Was air compressor tested to ensure good working order?
- D. Were low points drained during Fall and Winter inspections?
- E. Were all quick opening devices tested?
- F. Have dry valves been trip tested satisfactorily as required (annually)?
- G. Are dry valves adequately protected from freezing?
- H. Are valve house and heater conditions satisfactory?
- I. Were initiating devices tested (smoke detector/heat detector)?

YES NO N/A

☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒☐ ☐ ☒

8. On-site Fire Hydrants

- A. Were all hydrant stems, threads and caps inspected for damage?
- B. Were the hydrant shut-off valves closed and fully reopened to ensure adequate water flow?
- C. Were all outlets of each hydrant fully opened and closed to ensure a smooth operation?
- D. Are all hydrants easily accessible and outlets 14" to 24" above grade?
- E. Are all required crash posts in place?
- F. Are all hydrants/crash posts painted Safety Yellow?
- G. This Department requires a flow test during the inspection. Provide the GPM available from the most remote fire hydrant at 60 PSI.

YES NO N/A



GPM 1190

9. Alarm and Supervisory Equipment

(Note: With the adoption of the 1988 County of Los Angeles Fire Code, all new and updated systems shall be supervised by a listed and approved service as per Article 10)

- A. Name of Monitoring Company On File _____ Phone _____
Account # _____ Time Notified _____

Yes	NO	N/A
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- B. Has all peripheral equipment been tested? (i.e., supervisory/tamper, flow switches, etc.) ☒ ☐ ☐
- C. Did all equipment operate as designed during the test? ☒ ☐ ☐
- D. Record all alarm times, location (riser #1, PIV #3, system #1, etc) and type of equipment (supervisory/tamper, flow switch, alarm bell, etc) during each test or service.

[illegible]

Explain all NO answers here:

Signature

Date

3/11/09

Reviewed/Approved by Fire Inspector

Date _____

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