



LOGANVILLE FIRE AND EMERGENCY SERVICES

Office of the Fire Marshal

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Automatic Fire Sprinkler System Plan Review Worksheet

Reviewer _____	Review Date _____
Business Name _____	File# _____
Address _____	City _____
Bldg. No. _____	Suite No. _____
Fire Protection Company _____	Square Ft. _____
Contact Person _____	Phone No. _____
	Fax No. _____

All Information Shall Be Included On Plans. Fill Out Top And Bottom. Include Any Additional Conditions Or Comments On Attached Sheet:

Plan Review:

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Plans And Pipe Layout
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Components Specifications
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Calculations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24 Hour Static Pressure Study-_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Schedule _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type Of System _____

System Requirements:

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Flow Alarm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Water Flow Test Connections
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System Drainage
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Gauges

Fire Department Connection

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Location
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No Shut Off Valves
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check Valve
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Automatic Drip Valve
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hose Connection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Signs

Water Supplies

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Adequate Water Supply
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Pump

Flow Tests

Static _____ Res. _____ Flow Test _____

System Design

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Occupancy Classification
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hose Stream Allowance
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Area/Density
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Room Design Method
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Discharge Factor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature Rating
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Design Listing
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protection Area Limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Maximum Protection Area/Sprinkler

System Components And Hardware

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stock Of Spare Sprinklers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Piping/Fittings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hangers

Sprinkler Spacing And Locations

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sprinkler Spacing Limitations
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distance From Walls
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Concealed Spaces
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vertical Shafts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stairways
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical Rooms

Special Application

Y	N	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spaces Under Ground Floor
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Docks And Platforms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exterior Roofs Or Canopies
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rack Storage

Classification Of Occupancy Areas _____

Density And Square Feet Of Remote Areas _____

K Factor _____ Temperature Rating _____