

OLATHE FIRE DEPARTMENT

**FIRE PROTECTION SYSTEMS INSPECTION CHECKLIST
FOR NEW CONSTRUCTION FINALS OR TENANT FINISHES**

| Business | Address | City Building Permit # | |
|---|---------|------------------------------|---|
| 1. Automatic Fire Extinguishing Systems | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| a. Manual pull station tested | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Test link test performed | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Power under hood deactivates | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Gas service to appliances deactivates | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Hood activation activates fire alarm system | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. Hood activation causes exhaust hood to remain on | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Hood activation caused make-up air to shut down | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. K fire extinguisher mounted by exit door | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. System tagged and in service | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 2. Fire Sprinkler System | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| a. All areas covered by heads | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Riser displays inspection tag | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Cap(s) in place on FDC | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Horn/strobe above FDC | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Spare heads and wrench in space head cabinet | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. All valves electronically supervised | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. All system components properly labeled | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| h. Riser/FACP room properly marked | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. Waterflow alarm tested and worked properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Supervisory switches tested and worked properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| k. Sprinkler system in service and working properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| 3. Fire Alarm System | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| a. Trouble signal tested and working properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| b. Smoke detector installed at FACP | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| c. Horn/strobes working and installed properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| d. Horn/strobes sound in Temporal III pattern | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| e. Strobes only in restrooms | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| f. FACP locked and keys in Knox Box | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| g. Time and date correct on FACP | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| h. Power connection location on inside of FACP | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| i. Power connection(s) labeled properly on panels | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| j. Breakers to FACP properly locked out | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| k. dBa levels checked | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| l. Alarms dispatched in 2 minutes or less | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| m. Elevator recall worked properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| n. UL certificate issued OR application submitted | | <input type="checkbox"/> YES | <input type="checkbox"/> NO <input type="checkbox"/> NA |
| o. Fire alarm in service and working properly | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

STATUS APPROVED DISAPPROVED STOCK ONLY

Inspector: _____ Date: _____