



Plumbing Division
Sprinkler Inspection Report

DEPT BLDGS Job No. 121871420



Scan Code ESHS4478425

Premises 240 Manhattan Ave Borough Manhattan Date 08/03/2015
Approved Plan # 121871420 Stories 22 Feet 247 When Installed 2015
Construction 3 hr protecte Occupancy Residential Area cel, 001
No of water supplies one Wet or Dry wet

Supply: City Water Connection Size _____ Fed 2 ways _____
Curb or P.I. Valve _____ Name & size of meter _____
Valves sealed open Yes Lbs. Pressure _____

Gravity Tank Capacity _____ Heated _____ Height over top sprinkler line _____
Size fill line _____ Size Overflow _____ Emergency Drain Valve _____
Type and Size _____ Tank piping brass _____ Exposed piping weatherproofed _____
Ladder secured _____ Location tank check and control valve _____
Valves sealed open _____ No. Fill Pumps _____ Size _____ Type _____
Capacity in gallons _____ How operated _____

Pressure Tank Capacity _____ Tank House Heated _____ Size Fill Line _____
Emergency Drain Valve _____ Type and Size _____ Air Pressure _____
Water Level _____ Location tank check and control valves _____
Control valves sealed open _____

Risers No. _____ Size dead risers _____ Size live risers _____
Size drain risers _____ Floor control valves _____ Sealed open _____
Main Drain _____ Size _____ Location inspectors Test valve _____
Exposed Piping or Heads _____ Location _____ How protected _____
No. Cold Weather Valves _____ Location _____ App'd signs _____

No. Dry Valves _____ Name _____ Type _____ Water Pressure _____
Air Pressure _____ Dry Valve room heated _____
No. of heads controlled by each dry pipe valve _____

No. Alarm Valves _____ Size and type _____ Local _____ Supervisory _____
High-Low Gravity _____ High-Low Pressure _____ Flow Alarm _____

Fire Pumps: Name _____ Type _____ Capacity in Gallons _____
Or _____
Booster Pumps: Checked _____ Draws from _____ Size of suction line _____
Size of discharge line _____ How operated _____ Supervisory _____
Adequate pressure in system _____

No. Siamese connections _____ Size _____ App'd Type _____
Location _____ Signs _____ Type of drips _____
Caps painted green _____
Is every square foot of the building sprinklered _____
If not, portion sprinklered _____
Extra heads & wrench provided Yes Painted or corroded heads No

Is installation as per app'd plan Yes As per Fire Dept. order Yes
Entire system tested at 200 p.s.i. Yes Result Satisfactory
Certificate of Fitness required _____

Recommendations: Process For Sign Off

OWNER'S NAME AND ADDRESS	CONTRACTOR'S NAME AND ADDRESS
Yoav Hazon Artimus 316 West 118 Street New York, NY 10026	NYC Fire Sprinkler Corp 2635 Roberts Avenue Bronx, N.Y. 10461

Inspector (sign) _____ Inspector (print) Robert J. Mooney

Test Listed
By _____

Report to: Div. Of Fire Prevention,
Fire Department

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A.A.