



# LOGANVILLE FIRE AND EMERGENCY SERVICES

Office of the Fire Marshal  
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## Automatic Fire Sprinkler System Plan Review Worksheet

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

**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 \_\_\_\_\_