



# LOGANVILLE FIRE DEPARTMENT

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	
			Floor Plans And Pipe Layout
			Components Specifications
			Hydraulic Calculations
			24 Hour Static Pressure Study-_____
			Pipe Schedule
			Type Of System_____

**System Requirements:**

Y	N	N/A	
			Valves
			Water Flow Alarm
			Water Flow Test Connections
			System Drainage
			Pressure Gauges

**Fire Department Connection**

Y	N	N/A	
			Location
			No Shut Off Valves
			Check Valve
			Automatic Drip Valve
			Hose Connection
			Signs

**System Components And Hardware**

Y	N	N/A	
			Stock Of Spare Sprinklers
			Piping/Fittings
			Hangers

**Sprinkler Spacing And Locations**

Y	N	N/A	
			Sprinkler Spacing Limitations
			Distance From Walls
			Concealed Spaces
			Vertical Shafts
			Stairways
			Electrical Rooms

**Water Supplies**

Y	N	N/A	
			Adequate Water Supply
			Fire Pump

**Special Application**

Y	N	N/A	
			Spaces Under Ground Floor
			Exterior Docks And Platforms
			Exterior Roofs Or Canopies
			Rack Storage

**Flow Tests**

Static \_\_\_\_\_ Res. \_\_\_\_\_ Flow Test \_\_\_\_\_

**System Design**

Y	N	N/A	
			Occupancy Classification
			Hose Stream Allowance
			Area/Density
			Room Design Method
			Sprinkler Discharge Factor
			Temperature Rating
			Design Listing
			Protection Area Limitations
			Maximum Protection Area/Sprinkler

Classification Of Occupancy Areas \_\_\_\_\_

Density And Square Feet Of Remote Areas \_\_\_\_\_

K Factor \_\_\_\_\_ Temperature Rating \_\_\_\_\_