



LOGANVILLE FIRE AND EMERGENCY SERVICES

Office of the Fire Marshal
4303 Lawrenceville Road
Loganville, Georgia 30052
JCain@loganville-ga.gov
Office (770) 554-9693

Automatic Fire Sprinkler System Plan Review Worksheet

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