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STANDPIPE DAILY INSPECTION (C: compliance NC: noncompliance)

STANDPIPE STATUS	
<input type="checkbox"/> DRY <input type="checkbox"/> WET	<input type="checkbox"/> Standpipes inspected visually in their entirety, from the tops to the Siamese connections on the street level; covered sections traits using schematic diagrams.

DAILY INSPECTION	C	N/A	NC	IF NC, INDICATE CORRECTIVE ACTION TAKEN
D1	OS&Y valves chained and locked in the open position			
D1	No visible signs of damage to horizontal/vertical pipe			
D2	No visible signs of damage at pipe couplings			
D3	Sections of pipe are visible			
D4	Sections of pipe are painted red			
D5	No visible signs of damage at all hose connections			
D6	Correct caps at hose connections in stairways			
D7	Correct caps at FDNY connections			
D8	Valve handles are intact in stairways			
D9	No indications of air or water leakage along system			
D10	No visible signs of damage to alarm wiring or conduit			
D11	No material blocking access to hose connections			
D12	Functional red lights at FDNY connection locations on sidewalk bridge			
D13	No obstructions at fire hydrants			
D14	No visible signs of damage to air compressor			
D15	Compressor air pressure reading			_____ PSI Time of Reading: _____
<i>Pressurized Air Standpipes with Alarms</i> <input type="checkbox"/> None <input type="checkbox"/> Pressurizing mechanisms and alarm visually inspected? Pressurized from floor _____ to _____ Date of last weekly pressure alarm test: _____ If any alarm incidents, indicate cause and response taken: _____	<i>Standpipes Under Water Pressure</i> <input type="checkbox"/> DOB/ FDNY Paperwork Entity that controls the standpipe: _____ Wet from floor _____ to _____ <input type="checkbox"/> Contractors' current certification of standpipe readiness on file? If any alarm incidents, indicate cause and response taken: - _____			
<i>For any air or hydrostatic pressure test of a standpipe performed today:</i> Location tested: _____ Contractor Performing Test: _____ Contractor Witness: _____ Witness: _____				
COMMENTS:				

CONSTRUCTION SITE FIRE SAFETY MANAGER		
Name: _____	Signature: _____	Date: _____

Note: The CSFSM shall document the installation of the alarm, any incidents in which it sounds, and any steps taken in response to any alarm. All alarm activations, inspections, and repairs shall be logged into the log book maintained by CSFSM.