



**Department of Building Safety**  
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## Fire Suppression Worksheet

<b>Building Information</b>			
Building address			
Building or Project Name			
Approx. Fire Suppression Work Start Date	Value of Contract		
Suppression Contractor	License No.		
Suppression Project Manager	Phone No.		
Email Address			
Suppression Project Designer	Phone No.		
Email Address			
<b>Building Description</b>			
Approx. Footprint Size	Number of Stories		
Type of Construction per MSBC	Roof slope and ceiling construction		
Use or Occupancy of the building			
<b>NFPA Standards Used in Design (check all that apply)</b>			
<input type="checkbox"/> NFPA-13	<input type="checkbox"/> NFPA-13D	<input type="checkbox"/> NFPA-14	<input type="checkbox"/> NFPA-20
<input type="checkbox"/> NFPA-13R (Submit copy of signed "13R Sprinkler System and Building Compatibility form")			
Edition of NFPA standards used	Other NFPA standards used		
Type of System:	<input type="checkbox"/> Wet	<input type="checkbox"/> Dry	<input type="checkbox"/> Pre-Action
	<input type="checkbox"/> Fire Pump	<input type="checkbox"/> Standpipes	

<b>Storage (Check all that apply)</b>			
<input type="checkbox"/>	High-piled combustible storage	fill out section for high-piled storage	
<input type="checkbox"/>	Flammable or combustible liquids use or storage	attach detailed information	
<input type="checkbox"/>	Hazardous materials use or storage	attach detailed information	
<input type="checkbox"/>	Owner's Certificate required	complete page 5	
<b>Water Supply</b>			
Date of flow test	Location of Pressure Gauge	Location of Flowing Hydrant	
Static Pressure	Residual Pressure	GPM Flowing	
Size of City Main Supplying System		Size of Underground Lead-In	
Is the lead-in a combined fire/domestic main?		<input type="checkbox"/>	If yes, size of domestic line _____
Is there a fire pump?		<input type="checkbox"/>	If yes, the pump capacity: _____ and pressure boost (PSI) _____
Type of pump driver:		<input type="checkbox"/>	Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other: _____
Does combined city static pressure and pump churn pressure approach or exceed 175 PSI? <input type="checkbox"/>			
Detailed Narrative			
<p>Note: For alterations to existing systems, either provide the information above or provide a copy of a recent pump test, the original flow test data, or the design to match the original system design.</p>			
<b>High -Piled Combustible Storage</b>			
Height of Storage	Ceiling Height	Clearance from storage to deflector	
Material being stored (describe)			
<b>Commodity Class</b>			
list the two most hazardous with quantities greater than two pallet loads in the storage area			
Commodity	Packaging		
	Cartoned; loose		
	Cartoned; banded		
	Encapsulated or Open-Top Containers		
<b>Storage Methods (mark all that apply)</b>			
Storage Type:			
<input type="checkbox"/>	Automated Storage	<input type="checkbox"/>	Carousel
<input type="checkbox"/>	Bin Box	<input type="checkbox"/>	Rack Storage
<input type="checkbox"/>	Solid Pile with Commodity on Pallets	<input type="checkbox"/>	Solid Pile
Rack Type:			
<input type="checkbox"/>	Single Row	<input type="checkbox"/>	Wood
<input type="checkbox"/>	Double Row	<input type="checkbox"/>	Plastic
<input type="checkbox"/>	Multiple Row	<input type="checkbox"/>	Other: _____
Longitudinal Flue Size	Transverse Flue Size	Aisle Width	

## Suppression Design Information

Provide the following information for each design area:

Hazard Class	System Type	Area Description	Density Area
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			

For each area listed above, provide the following detailed design information:

Code Section#	Tables	Curves	Figures	Reduction (%)	Due to	Increase (%)	Due to
1)							
2)							
3)							
4)							
5)							
6)							
7)							
8)							
9)							
10)							

### Pipe and Fittings

Pipe:

Copper       Schedule 40  
 Steel  
 Thin wall-Type: \_\_\_\_\_  
 Plastic-Brand: \_\_\_\_\_

Pipe Joints:

Grooved       Threaded  
 Plain End       Other: \_\_\_\_\_

Fitting Type:

### Hydraulic Calculations

Calculations are provided with this submittal.  
 Calculations are not provided. You must explain below in detail why calculations are not required as part of this design. Provide detailed documentation supporting the explanation, which may include existing sprinkler plans and calculations, hydraulic data plate information, etc.

Extend coverage sprinklers are to be installed on this project. The plans show, in the sprinkler legend or separate table, the area of coverage and deflector distance for each extended coverage head.

### Additional Comments

To the best of my knowledge, the information I provided is complete and accurate.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Phone: \_\_\_\_\_

## Owner's Information Certificate

Address of Property to be Protected with Sprinkler Protection

Name of Owner

### Construction Type

<input type="checkbox"/> Fire Resistive or Noncombustible	<input type="checkbox"/> Wood Frame or Ordinary
<input type="checkbox"/> Other: _____	(Masonry with wood beams)

### Material Storage

Indicate whether any of the following special materials are intended to be present

<input type="checkbox"/> Flammable or combustible liquids	<input type="checkbox"/> Compressed or liquefied gas cylinders
<input type="checkbox"/> Aerosol Products	<input type="checkbox"/> Liquid or solid oxidizers
<input type="checkbox"/> Nitrate Film	<input type="checkbox"/> Organic peroxide formulations
<input type="checkbox"/> Pyroxylin Plastic	<input type="checkbox"/> Idle pellets

If checking any of the above, describe in detail: type, location, arrangements, and intended maximum quantities.

Will there be any storage of products over 12 feet (3.6m) in height?  Yes

If yes describe the product, intended storage arrangement, and height.

Will there be any storage of plastic, rubber, or similar products over 5 feet (1.3m) high except as described above?

Yes

If yes describe the product, intended storage arrangement, and height.

### Specialized Occupancies

Indicate whether the protection is intended for one of the following special occupancies or areas

<input type="checkbox"/> Acetylene Cylinder charging	<input type="checkbox"/> Linen handling system
<input type="checkbox"/> Class A hyperbaric chamber	<input type="checkbox"/> Oxygen fuel gas for cutting or welding
<input type="checkbox"/> Cleanroom	<input type="checkbox"/> Production or use: compressed liquefied gas
<input type="checkbox"/> Commercial cooling operation	<input type="checkbox"/> Solvent extraction
<input type="checkbox"/> Incinerator or waste handling system	<input type="checkbox"/> Spray area or mixing room
<input type="checkbox"/> Industrial furnace	<input type="checkbox"/> Water cooling tower
<input type="checkbox"/> Laboratory using chemicals	

If any above is checked, describe in detail: type, location, arrangements, and intended maximum quantities.

I certify that I have knowledge of the intended use of the property and that the above information is correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name

Contractor Business Name

## 13R Sprinkler System and Building Compatibility

Project Address		
Project Name		
<b>Important Information</b>		
<p>It has been proposed that the sprinkler system for this project be designed to NFPA 13R.</p> <p>IFC code and commentary Section 903.1 states that unless specifically allowed by the code or the IBC, residential sprinkler systems installed in accordance with NFPA 13R are not recognized for reductions or exceptions permitted by other sections of this code or the IBC.</p> <p>As the architect of record, your signature certifies that the sprinkler system that is to be installed in this building has not been used for exceptions or reductions permitted by the following sections of the MNBC 307.1; 403.3; 504.1; 506.1; 507.1; 508.1; 708.8; 706.8; 708.3; 711.2.4.3; and tables 307.1(1), 307.1(2).</p> <p>The review of the fire sprinkler plans, if designated to NFPA 13R, will not be done until the signed form is returned.</p>		
Signature		Date
Printed Name	MN Architect License #	Expiration Date
Architectural Firm		Phone Number
Address		
City	State	Zip