



Department of Building Safety
 101 4th St E, Hastings, MN 55033
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Fire Suppression Worksheet

Building Information			
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			
Building Description			
Approx. Footprint Size		Number of Stories	
Type of Construction per MSBC		Roof slope and ceiling construction	
Use or Occupancy of the building			
NFPA Standards Used in Design (check all that apply)			
<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	

Storage (Check all that apply)		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	High-piled combustible storage Flammable or combustible liquids use or storage Hazardous materials use or storage Owner's Certificate required	fill out section for high-piled storage attach detailed information attach detailed information complete page 5
Water Supply		
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		
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.		
High - Piled Combustible Storage		
Height of Storage	Ceiling Height	Clearance from storage to deflector
Material being stored (describe)		
Commodity Class		
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	
Storage Methods (mark all that apply)		
Storage Type:		
<input type="checkbox"/> Automated Storage <input type="checkbox"/> Bin Box <input type="checkbox"/> Solid Pile with Commodity on Pallets	<input type="checkbox"/> Carousel <input type="checkbox"/> Rack Storage <input type="checkbox"/> Solid Pile	<input type="checkbox"/> Shelf Storage
Rack Type:		
<input type="checkbox"/> Single Row <input type="checkbox"/> Double Row <input type="checkbox"/> Multiple Row	Pallets:	
	<input type="checkbox"/> Wood <input type="checkbox"/> Plastic <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:	Pipe Joints:
<input type="checkbox"/> Copper <input type="checkbox"/> Schedule 40	<input type="checkbox"/> Grooved <input type="checkbox"/> Threaded
<input type="checkbox"/> Steel	<input type="checkbox"/> Plain End <input type="checkbox"/> Other: _____
<input type="checkbox"/> Thin wall-Type: _____	_____
<input type="checkbox"/> Plastic-Brand: _____	_____
Fitting Type: _____	
Hydraulic Calculations	
<input type="checkbox"/> Calculations are provided with this submittal.	
<input type="checkbox"/> 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.	

<input type="checkbox"/> 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		
Important Information		
<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