



Crowley Fire Department

Fire Marshal's Office

201 E. Main Street
Crowley, Texas 76036
Phone (817) 297-2201 ext: 5020 email: FireMarshal@ci.crowley.tx.us

Underground Fire Line & Remote FDC Inspection

This inspection checklist is provided as a courtesy to assist with your underground fire service installation requirements

Project Name: _____

Permit # _____

Address: _____

City, State & Zip: _____

Date: _____

Phone Number: _____

Y	N	N/A	Main Line Visual
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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved plans on site 24-4.1.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piping and joints are uncovered 24-10.10.2.2.4 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Size and type of piping installed per listing 24-10.1.1.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bedding material to "Crowley Class F1" & approved |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | plans Direction changes as per the approved plans |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depth of piping as per approved plans & 24-10.4.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thrust blocks at each change of direction 24-10.6.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poly wrap of any and all ductile piping 24-10.1.1.3.1 |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Main Line Hydrostatic Test
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- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Start PSI: _____ Time: _____ (≥ 200 psi for 2 hours) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pressure pumps disconnected 24-10.2.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | End PSI: _____ Time: _____ (PSI Loss 24-10.10.2.2.6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relieved pressure and the gauge returned to zero |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Main Line Flush
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- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flow minimum hose/pipe 2" < underground 24-10.10.2.1.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose or pipe has been restrained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Observe flush until clear of all debris 24-10.10.2.1.2 |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Double Check Valve Assembly
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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify backflow prevention device, size, type 24-6.5 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify correct flow direction 24-6.5.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify DCVA was forward flow tested 24-10.10.2.5.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Verify DCVA testing/certification provided 24-10.10.2.5.2 |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Final
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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Final completed on the remote FDC |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | As-built drawings for any changes made 24-4.1.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Signed Underground Cont. Material Test Certificate SF-042 |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Remote FDC Line Visual
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- | | | | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Approved plans on site 24-4.1.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Piping and joints are uncovered 24-10.10.2.2.4 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Size and type of piping installed per listing 24-10.1.1.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bedding material to "Crowley Class F1" & approved |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | plans Direction changes as per the approved plans |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Depth of piping as per approved plans & 24-10.4.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Thrust blocks at each change of direction 24-10.6.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Poly wrap of any and all ductile piping 24-10.1.1.3.1 |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Remote FDC Line Hydrostatic Test
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- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Start PSI: _____ Time: _____ (≥ 200 psi for 2 hours) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pressure pumps disconnected 24-10.2.2.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | End PSI: _____ Time: _____ (PSI Loss 24-10.10.2.2.6) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Relieved pressure and the gauge returned to zero |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Remote FDC Line Flush
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- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flow minimum hose/pipe 2" < underground 24-10.10.2.1.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hose or pipe has been restrained |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Observe flush until clear of all debris 24-10.10.2.1.2 |

Inspection Results: ☐ Passed ☐ Failed

Y	N	N/A	Remote FDC Line Final
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- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Clearance of 4' around the FDC 24-5.9.5.2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5' pathway, visible from and facing the fire lane 24-5.9.5.2 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sign with 1" letters indicating what it serves 24-5.9.5.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If serving multiple addresses, addresses must be listed 24-5.9.5.7 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Connection 18" to 48" above finished grade 24-5.9 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5" Stortz w/ 30° downturn & locking cap 24-5.9.1.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | FDC check valve/ball drip arrangement per 24-5.9.4.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Locking cap on each connection 912.3.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | If subject to damage, protected by guard posts 312.1 |

Inspection Results: ☐ Passed ☐ Failed

Comments: _____

Inspector's Name: _____

Contractor's Name & License # _____