 <p><b>CD-160100</b></p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRE</b>Dibly serving the public safety of New Mexico</p>	
	<b>ISSUE DATE:</b> 10/31/85	<b>REVIEWED:</b> 07/31/17
	<b>EFFECTIVE DATE:</b> 11/14/85	<b>REVISED:</b> 07/31/15
<b>TITLE: Fire Safety</b>		

**AUTHORITY:**

- A. NMSA 1978, Sections 33-1-6, 33-2-4, 59A-52-1 to -25 and 59A-53-1 to -17, as amended.
- B. Corrections Industries Act, NMSA 1978 Sections 33-8-1 et. seq.
- C. *National Fire Protection Association Life Safety Code*, current edition.
- D. Policy *CD-010100*

**REFERENCES:**

- A. ACA Standards 2-CO-2A-01, 2-CO-2A-02 and 2-CO-3B-01, *Standards for the Administration of Correctional Agencies*, 2<sup>nd</sup> Edition.
- B. ACA Standard 4-4124, 4-4211, 4-4212, 4-4213 and 4-4214, *Standards for Adult Correctional Institutions*, 4<sup>th</sup> Edition.
- C. ACA Standard 1-CTA-2A-02, 1-CTA-3C-02, and 1-CTA-3C-03, *Standards for Correctional Training Academies*, 1<sup>st</sup> Edition.
- D. ACA Standard 4-APPFS-3F-03, *Performance Based Standards for Adult Probation and Parole Field Services*, 4<sup>th</sup> Edition.
- E. ACA Standards 2-CI-1A-1, 2-CI-1A-4, 2-CI-1B-1, 2-CI-1B-1-1, 2-CI-1B-2 and 2-CI-1B-3, *Standards for Correctional Industries*, 2<sup>nd</sup> Edition.
- F. NFPA 1 Fire Prevention Code, 1997 Edition as per New Mexico State Fire Marshal's Office
- G. NFPA 101 Life Safety Code, 1997 Edition as per New Mexico State Fire Marshal's Office

**PURPOSE:**

- A. To ensure that all Institutional facilities, Academy/Central Office complex, Probation and Parole offices and Corrections Industries programs comply with Federal, State and local health, safety and fire standards.
- B. To ensure that Corrections Industries has a fire and safety program established in accordance with appropriate standards and rules and regulations to provide safety for all Corrections Industries staff and assigned inmates.

**APPLICABILITY:**

All Corrections Department employees, contract staff, and inmates.

**FORMS:**

- A. **Report of Internal Condition of Sprinkler Piping** form (*CD-160100.1*)
- B. **Report of Inspection, Testing & Maintenance of Fire Pumps** forms (*CD-160100.2*) (5 pages)
- C. **Report of Inspection & Testing of Dry Pipe Fire Protection Systems Monthly/Quarterly** form (*CD-160100.3*)
- D. **Report of Inspection & Testing of Dry Pipe Fire Protection Systems Quarterly/Annual** forms (*CD-160100.4*) (2 pages)
- E. **Report of Inspection & Testing of Wet Standpipe Systems** forms (*CD-160100.5*) (2 pages)
- F. **Report of Inspection & Testing of Water Based Fire Protection Systems – Quarterly** form (*CD-160100.6*)
- G. **Report of Inspection & Testing of Water Based Fire Protection Systems – Monthly** form (*CD-160100.7*)
- H. **Report of Inspection & Testing of Water Based Fire Protection Systems – Annual** form (*CD-160100.8*)

**ATTACHMENTS:**

None

**DEFINITIONS:**

- A. *Class A Fires*: Fires consuming ordinary combustible material such as wood, paper or clothing. The type of fire extinguisher used is one with pressurized water base.
- B. *Class B Fires*: Fires consuming flammable or combustible liquids, grease, and gases. The type of fire extinguisher used is a foam dry chemical, or CO2 extinguisher.
- C. *Class C Fires*: Fires burning in energized electrical equipment. The fire extinguisher used is a dry chemical or CO2 extinguisher. **Never use a water-based extinguisher.**
- D. *Authority Having Jurisdiction*: The state Fire Marshal or local official governing regulations applicable to federal, state, and/or local work, fire, sanitation, safety, and health codes qualified to perform such inspections. Qualification shall be verified through state licensed or certification.
- E. *Contract Employee*: An employee of a business, corporation, organization, state or federal agency, or other entities that have contracted with New Mexico Corrections Department to perform work or provide services.
- F. *Fire, Safety and Sanitation Officer (FSSO)*: An employee assigned to manage and direct safety, sanitation and fire prevention programs within an institutional facility that has been trained in these specific areas and is familiar with the safety and sanitation requirements of the institution.

- G. *Fire Watch*: This is a tool used as a short-term, emergency measure to provide early detection of fire and to preserve life and property at an acceptable level of life safety in a building or occupancy, which has an impaired fire safety system (fire alarm, fire sprinkler system, facilities water supply or facility's exiting system). A Fire Watch is a compensatory measure only, intended to allow continued occupancy of a building or facility, which may not be safe to be occupied during the time period, required to implement appropriate changes or repairs. The purpose of the fire watch is to check all areas of the building on a regular basis to detect fire and life safety emergencies and then to alert the facility occupants to take appropriate action as early as possible. This check inspection shall be documented only during occupancy on an hourly base or more frequent checks may be mandated if required by the authority having jurisdiction.
- H. *Flammable, Toxic and Caustic Materials*:
1. Flammable materials - liquids with a flash point below 100 degrees F;
  2. Toxic materials - substances that through chemical reaction or mixture can produce possible injury or harm to the body by entering through the skin, digestive tract or respiratory tract (for example zinc chromate paint, ammonia, chlorine, antifreeze, herbicides, pesticides);
  3. Caustic materials - substances that can destroy or eat away by chemical reaction (for example, lye, caustic soda, sulfuric acid).
- I. *Institutional facilities*: Detention and Correctional occupancies that provide sleeping facilities for four or more residents and are occupied by persons who are generally prevented from taking self preservation action because of security measures not under the occupant's control.
- J. *National Fire Protection Association (NFPA)*: A United States trade association (albeit with some international members) that creates and maintains private, copyrighted, standards and codes for use and adoption by local governments. This includes publications from model building codes to equipment used by firefighters while engaging in hazmat response, rescue response, and some firefighting. The world's leading advocate of fire prevention and an authoritative source on public safety, NFPA develops, publishes, and disseminates more than 300 consensus codes and standards intended to minimize the possibility and effects of fire and other risks.
- K. *Physical Plant Central Services Staff Manager (PPCS)*: A manager who is knowledgeable in building code compliance, life safety codes, National Fire Protection Association (NFPA) standards, and the overall physical layout of the facility, and who has the authority to direct the physical plant specialists to correct deficiencies that are found during inspections.

- L. Qualified departmental staff member or designee: An individual who conducts weekly inspections of assigned areas and who has received basic training from the Fire, Safety and Sanitation Officer and are familiar with safety and sanitation requirements.
- M. Safety Inspectors: Officials designated to perform inspections of safety conditions and fire and emergency equipment in each work locations or unit.
- N. Fire Safety Program Administrator: An employee trained in fire prevention and life safety, assigned to act as the liaison between the Corrections Department (Central Office) and other state agencies and offices involved with fire prevention and life safety issues.

**POLICY:**

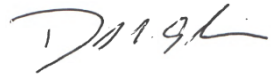
- A. The Department shall adhere to applicable federal, state, and/or local work, fire, and sanitation, safety, and health codes. Compliance shall be documented by the authority having jurisdiction. **[2-CO-2A-01] [2-CO-3B-01] [1-CTA-2A-02] [1-CTA-3C-03] [2-CI-1A-4] [4-APPFS-3F-03]**
- B. Institutional Facilities, Academy/Central Office complex, Probation and Parole offices and Corrections Industries Programs compliance shall be documented by the authority having jurisdiction. A fire alarm and automatic detection system are required, as approved by the authority having jurisdiction, or there is a plan for addressing these or other deficiencies within a reasonable time period. The authority approves any variances, exceptions, or equivalencies that do not constitute a serious life safety threat to the occupants or the facility. **[4-4124]**
- C. All Facilities, Academy/Central Office complex, Probation and Parole field offices and Corrections Industries Programs are inspected by representatives of appropriate governmental agencies at specified intervals, each report is reviewed, and remedial action taken if indicated. **[2-CO-2A-02]**
- D. The Academy will provide a system of fire prevention and control through the use of efficient fire protection methods, services and equipment as regulated by the authority having jurisdiction to ensure the safety of the employees, students and visitors. **[1-CTA-3C-02]**
- E. All Institutional Facilities, Academy/Central Office complex, Probation and Parole offices and Corrections Industries Programs shall promulgate procedures and practices for fire prevention that shall include but not be limited to: **[4-4211]**
  - 1. provisions for an adequate fire protection service;
  - 2. a system of fire inspection and testing of equipment at least quarterly or at intervals approved by the authority having jurisdiction, following the procedures stated for variances, exceptions, or equivalencies;
  - 3. an annual inspection by local or state fire officials or other qualified person(s);

4. availability of fire protection equipment at appropriate locations throughout the institution.
- F. There shall be a comprehensive written report of a thorough monthly inspection of the institutions by a qualified fire and safety officer for compliance with safety and fire prevention standards. There is a weekly fire and safety inspection of the institutions by a qualified departmental staff member. **[4-4212]**
- G. Specifications for the selection and purchase of facility furnishings indicate the fire safety performance requirements of the materials selected. **[4-4213]**
- H. The Fire Safety and Sanitation Officers (FSSO) shall develop and implement a program to control all flammable, toxic and caustic materials; all materials should be stored in secure areas that are not accessible to inmates. The program shall be used to account for and distribute chemicals and cleaning supplies. The chemicals that are distributed shall only be used by inmates under close supervision of qualified staff.
- I. Institutional facilities shall be equipped with noncombustible receptacles for smoking materials and separate containers for other combustible refuse at accessible locations throughout the living quarters in the institution. Special containers are provided for flammable liquids and for rags used with flammable liquids. All receptacles and containers are emptied and cleaned daily. **[4-4214]**
- J. The Corrections Department shall develop an internal inspection and reporting system to provide administrators with monthly reports on institutional facilities, Academy/Central Office complex, and Probation and Parole compliance with applicable Fire Prevention and Life Safety Codes. This information may be used as a basis for corrective action, for budgetary purposes and as a loss control tool.
- K. All automatic fire alarm and smoke detection systems will be tested quarterly and system elements checked at random in conjunction with the system tests by the Fire, Safety and Sanitation Officer for adequate operation and shall be certified annually by an approved qualified vendor.
- L. All automatic fire alarm and smoke detection systems will be inspected by the institution's Fire, Safety and Sanitation Officer on a monthly basis. System components will be inspected at random in conjunction with the systems inspections.
- M. Non-coded manual fire alarm boxes shall be tested at least once every six months by the Fire Safety and Sanitation Officer.
- N. Institutional facility inspections, test results and corrective action taken will be reported in writing by the Fire, Safety and Sanitation Officer to the Warden with a copy forwarded to the Fire Safety Programs Administrator and the Director of Adult Prisons.

- O. Primary responsibility for institutional fire safety management shall rest with the Wardens who shall plan, implement and monitor an effective program to reduce the potential for fire and to provide rapid and proper response to actual fire emergencies.
- P. This policy shall be reviewed annually and revised as needed.
- Q. All Divisions of the New Mexico Corrections Department shall comply with the fire prevention regulations and practices of the authority having jurisdiction. These practices include, but are not limited to: **[2-CI-1B-1]**
- provisions for adequate fire protection service;
  - a system of fire inspection and testing of equipment at least quarterly or at intervals approved by the authority having jurisdiction, following the procedures stated for variance, exceptions or equivalencies;
  - an annual inspection by local or state fire officials or other qualified person(s);
  - availability of fire protection equipment at appropriate locations throughout the facility;
  - a comprehensive and thorough monthly inspection by a qualified fire and safety officer for compliance with safety and fire prevention codes;
  - a weekly fire inspection by a qualified staff member.
- R. All flammable materials are controlled, safely handled, and securely stored. Where smoking is permitted, noncombustible receptacles for smoking materials and separate containers for other combustible refuse are provided at approved locations. Special containers for flammable liquids and rags used with flammable liquids are provided. All receptacles and containers are emptied and cleaned daily. **[2-CI-1B-1-1]**
- S. Ongoing Corrections Industries programs that are under the control of the inmate programs and not located on facility grounds shall comply with all applicable fire and safety regulations. **[2-CI-1B-2]**
- T. Each facility shall establish health and safety rules compliance with those regulations that are to be distributed to all staff, volunteers, contractors, and inmates assigned to Corrections Industries programs. **[2-CI-1A-1]**
- U. The facility FSSO shall develop an evacuation plan to be used in the event of a fire or other major emergency. Evacuation drills shall be conducted at least quarterly on each shift and shall be conducted when the majority of inmates are present. All inmate workers shall participate in evacuation drills except when clear and convincing evidence demonstrates that facility security would be jeopardized. The plan shall be reviewed annually, updated if necessary, and reissued to the authority having jurisdiction. The plan shall include the following: **[2-CI-1B-3]**
- location of building, room floor plan;
  - use of exit signs and directional arrows for traffic flow;
  - location and identification of hazardous material storage; and

- location of publicly posted plan.


The Institutional facilities FSSO shall train all personnel in the implementation of written emergency plans.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

07/31/17  
Date

 <p><b>CD-160101</b></p>	<h1>NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i>  <b>C</b>ourage <b>R</b>esponsibility <b>E</b>thics <b>D</b>edication - <b>CRED</b>ibly serving the public safety of New Mexico</p>	
	<b>ISSUE DATE:</b> 10/31/85	<b>REVIEWED:</b> 07/31/17
	<b>EFFECTIVE DATE:</b> 11/14/85	<b>REVISED:</b> 07/31/15
<b>TITLE: Fire Safety</b>		

**AUTHORITY:**

Policy *CD-160100*

**PROCEDURES:**

- A. The Department shall adhere to applicable federal, state, and/or local work, fire, and sanitation, safety, and health codes. Compliance shall be documented by the authority having jurisdiction. **[2-CO-2A-01] [2-CO-3B-01] [1-CTA-2A-02] [1-CTA-3C-03] [2-CI-1A-4] [4-APPFS-3F-03]**
  
- B. This system shall be established through the designation of Fire, Safety and Sanitation Officers or Loss Control Coordinators at each institutional facility, Academy/Central Office complex, Probation and Parole offices and Corrections Industries Programs and the designation of a department level Fire, Safety Programs Administrator at Central Office.
  
- C. Inspections, Testing, and Services: **[2-CO-2A-02]**
  - 1. The Warden or Deputy Warden in conjunction with the Fire Safety Sanitation Officer shall make provisions for the following:
    - An adequate fire protection system;
    - A series of fire inspection, testing and maintenance of water-based fire protection systems shall be conducted weekly, monthly, quarterly or at intervals approved by the authority having jurisdiction, following the procedures stated for variances, exceptions or equivalencies;
    - Staff or contractors will document their findings on the appropriate NFPA-based forms listed in **forms** section above.
    - An annual inspection of fire protection systems by a qualified contractor or person (s) on staff will document their findings on the appropriate NPFA-based forms listed in **forms** section or staff will ensure contractor complies with all areas of the forms;
    - Availability of fire protection equipment at appropriate locations throughout the institution; and
    - Arrangements to have the Institutional facilities, Corrections Industries Programs, Academy/Central Office complex, and Probation and Parole offices inspected by the authority having jurisdiction (State Fire Marshal or Local Fire Official) to ensure conformance with applicable fire prevention and life



safety codes. The authority having jurisdiction shall determine date of inspection and shall have access to all areas of the facility.

2. Inspection results will be forwarded to the Fire, Safety and Sanitation Officer, Loss Control Coordinator or Physical Plant Central Services Staff Manager at the institutional facilities, Academy for Central Office/Academy complex, Probation and Parole field offices and Industries Programs. This information may be used as a basis for corrective action, budgetary purposes and as a loss control tool.
  3. Any corrective action implemented will be documented by the responsible party (Fire Safety Sanitation Officer, Loss Control Coordinator or Physical Plant Central Services Staff Manager) and forwarded to the Warden's, Deputy Warden, Probation and Parole Division Director or Academy Director and Adult Prisons Division for review and approval. If no corrective action is warranted, a "thank you" correspondent letter will be sent to the authority having jurisdiction.
  4. The Warden, Deputy Warden, Probation and Parole Division Director or Academy Director shall forward the documentation of the Corrective Action implemented to the Authority Having Jurisdiction with copies to the Deputy Secretary of Operations, Deputy Secretary of Administration, Fire Safety Programs Administrator, Internal Audit and Compliance Bureau, and Business Manager.
  5. The Fire Safety Sanitation Officer, Loss Control Coordinator or Physical Plant Central Services Staff Manager shall maintain copies for three years of the inspection results, Corrective actions or correspondent letters. **[4-4211] [4-4212] [4-4124]**
  6. The FSSO shall complete a comprehensive and thorough monthly inspection of all areas of the institution to ensure compliance with safety and fire prevention standards.
  7. The FSSO shall inspect and monitor the storage and handling of flammable, combustible and hazardous materials throughout the institution, including Corrections Industries.
  8. The Facility Warden, Deputy Warden, Probation and Parole Division Director or Academy Director shall assign a qualified departmental staff member to conduct a weekly fire and safety inspection of their respective areas. The employee assigned will submit a completed inspection form and the corrective action to the FSSO or Loss Control Coordinator at the end of each week.
- D. Each institution shall develop a fire safety and evacuation plan that is specific to each facilities design and security level.
- E. Fire Protection Equipment

1. Hydrants:
  - a) All fire hydrants shall be accessible and properly maintained (**NFPA 1142**). The water supply system shall be checked quarterly by the FSSO. Each hydrant shall be inspected annually by the local fire authority or a qualified vendor.
  
2. Extinguishers:
  - a) Fire extinguishers of an appropriate class and rating shall be placed in all areas. Locations of extinguishers will be well marked.
  
  - b) Fire extinguishers shall be placed throughout the institutional facilities, Academy/Central Office complex, Probation and Parole offices and Corrections Industries Programs with one (1) extinguisher for every 3,500 square feet of floor space, and not over seventy-five (75) feet of travel to reach an extinguisher.
  
  - c) Portable fire extinguishers shall be mounted in a location where they will be readily available and easily located. All fire extinguishers shall be clearly identified as to the type of fire they extinguish. They shall be maintained and fully charged in ready to use condition. Every extinguisher shall have a tag or label showing the last monthly inspection, annual maintenance or recharge date and the initials or signature of the person who performed the service.
  
  - d) The FSSO or Loss Control Coordinator shall be notified immediately after the deployment of a fire extinguisher to ensure immediate replacement.
  
  - e) Portable extinguishers are stored in designated areas when not in use.
  
  - f) All fire extinguishers shall have 6 years of maintenance from the date the extinguisher was manufactured by a qualified vendor (Ref: NFPA 10 Standard for Portable Fire Extinguishers, 1998 Edition).
  
  - g) All fire extinguishers shall have a 12 year hydrostatic test from the date the extinguisher was manufactured by a qualified vendor and annually each year thereafter (Ref: NFPA 10 Standard for Portable Fire Extinguishers, 1998 Edition).

F. Fire Prevention Requirements:

1. All employees shall be aware of potential fire hazards, and are responsible for reporting such conditions, either through their chain of command or by submission of a work order request. Fire hazards include altered electrical (outlets or cords), overloaded electrical units and improper or excessive trash storage.


2. The Corrections Department is a tobacco-free agency, which will have designated smoking areas outside each Institutional facility, Academy/Central Office complex, Probation and Parole offices and Corrections Industries Programs. Noncombustible receptacles will be used for smoking materials, at all designated smoking areas for staff. **[4-4214]**
  - a. Special containers will be provided for flammable liquids or rags used with flammable liquids. All receptacles and containers will be emptied and cleaned daily.
3. When purchasing institutional facility furnishings; mattresses, pillows and blankets the fire safety performance requirements shall be part of the specifications for selection. **[4-4213]**



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

07/31/17  
Date

 <b>CD-160102</b>	<b>NEW MEXICO CORRECTIONS DEPARTMENT</b>	
	<small>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."  <b>Courage Responsibility Ethics Dedication - CRED</b>ibly serving the public safety of New Mexico</small>	
	<b>ISSUE DATE:</b> 10/31/85 <b>EFFECTIVE DATE:</b> 11/14/85	<b>REVIEWED:</b> 07/31/17 <b>REVISED:</b> 07/31/15
<b>TITLE: Corrections Industries Fire Prevention and Safety Program</b>		

**AUTHORITY:**

Policy *CD-160100*

**PROCEDURE:**

**A. Compliance: [2-CI-1B-1]**

1. A weekly fire, safety and sanitation inspection will be conducted on all Corrections Industries work areas by the respective shop supervisor or work area supervisor. CI Management can designate a staff member to inspect more than one work area.
2. The designated staff member will use the institution's fire, safety and sanitation inspection checklist when conducting the inspections. The check list will indicate deficiencies, and in cases requiring it, recommend specific corrective action. The shop supervisor shall, during the next weekly inspection verify that the deficiency has been corrected or provide a plan of action; with approximate date of completion noting the reason why the deficiency has not been corrected.
3. The designated staff member shall submit a weekly inspection of the building or work area to the institution's Fire, Safety and Sanitation Officer (FSSO) and provide a copy to CI Management. It shall be the designated staff member's responsibility to correct any deficiency noted on their weekly inspection.
  - a. In the case of the deficiency requiring any type of work from the institution's Physical Plant Services (PPS), the designated staff member will fill out a PPS work order and submit it to the Warden of the institution.
  - b. If shop machinery or equipment needs corrective action, the shop supervisor will submit a purchase requisition for the required service or part.
  - c. Under no circumstances shall design of equipment be altered in any way. The equipment shall remain as designed and engineered by manufacturer.
4. Copies of the Fire, Safety, and Sanitation check list will be retained by the Facility Manager or other appropriate official for one year.
5. The Warden will ensure a monthly fire, safety, and sanitation inspection is conducted and documented by the FSSO. Comprehensive corrective action taken for any

deficiencies will be documented by Corrections Industries management, and sent to the FSSO and the Institutional facility Warden in a timely manner.

6. Each facility shall establish health and safety rules that are to be distributed to all staff, volunteers, contractors, and inmates assigned to industries. These rules should include the appropriate use of mandatory safety equipment and clothing. **[2-CI-1A-1]**
7. Ongoing Corrections Industries operations that are under the control of the inmate programs and not located on institutional grounds, shall comply with all applicable fire and safety regulations. **[2-CI-1B-2]**

**B. Responsibility:**

CI Management shall ensure that Fire, Safety and Sanitation programs are properly implemented.

1. All Corrections Industries staff shall be constantly aware of all potential fire hazards such as altered electrical outlets, overloaded electrical circuit boxes, discharged or damaged fire extinguishers, improper trash storage and improper storage of combustible liquids and solid materials.
2. Fire prevention procedures will be made a part of all employees' daily activities. All employees will make fire prevention a basic part of their daily activities by detecting, reporting, and correcting any fire or safety hazards.
3. All employees shall maintain good housekeeping standards and take appropriate action to correct or report unsafe conditions and fire hazards by notifying the Facility Manager, the FSSO or higher authority through their chain of command. Other actions to further assist in the prevention of fire and life safety include:
  - Proper storage of combustible materials;
  - Prevention of hazardous electrical situations;
  - Training of inmates in basic fire safety procedures;
  - Participation in quarterly fire drills conducted by FSSO;
  - Checking fire equipment;
  - Ensuring that all Corrections Industries areas are kept clean by promptly and properly disposing of all trash and waste material; and
  - Ensuring that hazardous and flammable materials are stored in accordance with proper procedures as outlined in CD policy **Control and use of Flammable, Toxic, Caustic Materials and Liquids** (*CD-160700*).

**C. Fire Protection Equipment will meet the following standards:**

All Fire extinguishers of appropriate class and rating.

**D. Appropriate inspections, Inspection-Follow-ups:**

1. Fire inspections and follow-up by the designated staff member shall be specified in detail in the fire, safety and sanitation inspection checklist provided by the institution.
2. The FSSO will conduct a monthly fire, safety and sanitation inspection. Any discrepancies will be reported to the Corrections Industries Management, who will take appropriate action to correct the discrepancy and forward a report to the FSSO and the Institutional Facility Warden.

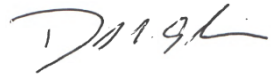
**E. Evacuation Plans:**

1. The facility FSSO shall develop an evacuation plan to be used in the event of a fire or other major emergency. Evacuation drills shall be conducted at least quarterly on each shift and shall be conducted when the majority of inmates are present. All inmate workers shall participate in evacuation drills except when clear and convincing evidence demonstrates that facility security would be jeopardized. The plan shall be reviewed annually, updated if necessary, and reissued to the authority having jurisdiction. The plan shall include the following: **[2-CI-1B-3]**

- location of building, room floor plan;
- use of exit signs and directional arrows for traffic flow;
- location and identification of hazardous material storage; and
- location of publicly posted plan.

The facility FSSO shall train all Corrections Industries personnel in the implementation of written emergency plans.

2. The facility FSSO will be responsible for developing and posting evacuation plans for all Corrections Industries buildings. Evacuation plans shall be posted separately in a conspicuous location therein.
3. A review of evacuation plans shall be made part of each staff and inmate workers initial safety indoctrination, and made part of the safety training program on a monthly basis.
4. It shall be the responsibility of the shop supervisor to ensure that the evacuation plan in his or hers assigned shop are kept up-to-date and modified as required by new construction, relocation of equipment, etc.
5. The Facility Manager is responsible to ensure this plan is formally reviewed annually during the anniversary month of its effective date, updated if necessary, and reissued to the FSSO.



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David Jablonski, Secretary of Corrections  
New Mexico Corrections Department

07/31/17

Date

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection & Testing of Fire Protection Systems  
Report of Internal Condition of Sprinkler Piping (5 years and/or as required)**

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ **Date of previous internal pipe inspection:** \_\_\_\_\_

Inspection Frequency:  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

Identify system(s) involved:  Wet  Dry  Preaction  Deluge

Other: \_\_\_\_\_

**An examination of representative sections of this sprinkler system has been made to determine internal conditions.**

**Initial Examination Data:**

Number of branch lines examined: \_\_\_\_\_ % of total branch lines

Number of cross mains examined: \_\_\_\_\_ % of bulk lines

Other points examined (describe): \_\_\_\_\_

**Results of Initial Examination:**

(Check box which applies)

1. The interior of the sprinkler piping appears in satisfactory condition.

2. The sprinkler systems are in need of internal cleaning. Some of the pipes were found to be partially full of

\_\_\_\_\_ Foreign materials. (Specify nature of internal stoppage, i.e., pipe scale, silt, mud, tuberculation): \_\_\_\_\_

**Examination Subsequent to Cleaning System:**

Cleaning method used (describe): \_\_\_\_\_

Number of branch lines examined: \_\_\_\_\_ % of total branch lines

Number of cross mains examined: \_\_\_\_\_ % of bulk lines

Other points examined (describe): \_\_\_\_\_

**Results of Examination Subsequent to Cleaning:**

(Check box which applies)

1. The interior of the sprinkler piping appears in satisfactory condition.

2. If interior of piping other than satisfactory, describe: \_\_\_\_\_

Signature and title of person conducting cleaning \_\_\_\_\_  
cleaning

\_\_\_\_\_ Date of

Witness (owner or lessee of the property) \_\_\_\_\_

Inspector's initial \_\_\_\_\_ (All "NO" answers to be fully explained.)  
Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_



**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection, Testing & Maintenance of Fire Pumps**

The following inspection, testing and maintenance tasks are to be performed at the indicated frequencies.

The required weekly tasks are also included on this list.

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_

Name of property: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

**Fire Pumps**

	Y	N/A	N		Y	N/A	N
<b>A-1.0 Inspection of Pump Enclosure:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-5.0 Diesel Pumps – Semiannual Inspection and Maintenance</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.1 Pump enclosure secured:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-5.1 Test antifreeze protection level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.2 Pump enclosure heated (40° F if diesel Engine equipped with engine heater):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-5.2 Inspect flexible exhaust section:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.3 Pump enclosure heated (70° F if diesel Engine is not equipped with engine heater):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-5.3 Check and test operation of safeties And alarms:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.4 Vent louvers operate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-5.4 Clean boxes, panels and cabinets:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.5 Vent louvers intake duct clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-6.0 Maintenance to be Performed Annually Or as indicated:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.6 Pump Enclosure adequately lighted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-6.1 Lubrication of bearings performed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A-2.0 Electrical Pumps – Monthly Inspection and Maintenance:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-6.2 Lubrication of coupling performed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.1 Isolating switch and circuit breaker Exercised:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-6.3 Lubrication of right angle gear performed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.2 Inspect, check, clean, and test circuit Breakers: (replace as needed) (replace date: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-6.4 Lubrication of motor bearings performed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A-3.0 Diesel Pumps – Monthly Inspection And Maintenance:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-7.1 Accuracy of pressure sensors checked:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.1 Inspect and remove corrosion, battery Case exterior clean and dry:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-7.2 Calibrate pressure switch settings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.2 Test specific or state of charge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-8.1 Change oil (50 hours of operation):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.3 Inspect charger and charger rate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A-8.2 Change oil filter (50 hours of operation):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.4 Check equalize charge:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-17.0 Fire pump controller in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>A-4.0 Diesel Pumps – Monthly Inspection And Maintenance:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-18.0 Jockey pump controller in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.1 Service fuel strainer, filter and/or dirt leg:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-19.0 Alarm panel clear:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.2 Clean or replace crankcase breather:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-20.0 System in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.3 Check and clean water strainer:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>A-21.0 Comments:</b>			
A-4.4 Inspect insulation and fire hazards:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
A-4.5 Inspect and check wire chafing where Subject to movement:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Inspector's initial \_\_\_\_\_ (All "NO" answers to be fully explained.) Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_

NEW MEXICO CORRECTIONS DEPARTMENT

Report of Inspection, Testing & Maintenance of Fire Pumps

	Y	N/A	N
<b>B-1.0 Annual Inspection of Hydraulic System:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.1 Suction Pressure gauge: _____ psi			
B-1.2 Discharge pressure gauge: _____ psi			
B-1.3 Pump starting pressure: _____ psi			
B-1.4 Suction line control valves sealed open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.5 Discharge line control valves sealed open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.6 By-pass line valves sealed open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.7 All control valves accessible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.8 Suction reservoir full:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.9 Shaft seals dripping water properly: (1 drop per second)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.10 System free of vibration or unusual noise:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.11 Packing boxes, bearings, pump casing Free of overheating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			
	Y	N/A	N
<b>B-2.0 Annual Inspection of Electrical Pump System:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-2.6 Isolating switch closed – standby Emergency source:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-2.7 Normal phase rotation pilot light "ON":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-2.8 Reverse phase alarm pilot light "OFF":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-2.9 Oil level in vertical motor sight glass Is in the normal range:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

	Y	N/A	N
<b>B-3.0 Annual Inspection of Diesel Engine System:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.1 Diesel tank 2/3 full:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.2 Batteries fully charged:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.3 Battery charger operating properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.4 Battery terminals clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.5 Battery state of charge checked:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.6 Battery pilot lights "ON":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.7 Battery failure pilot lights "OFF":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.8 Electrolyte level in batteries normal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.9 All alarm pilot lights "OFF":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.10 Engine running time meter recording Pump operation properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.11 Oil level in right angle gear drive normal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.12 Diesel engine oil level full:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.13 Diesel engine water level full:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.14 Water jacket heater appears working Properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.15 Water jacket piping drip tight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.16 Diesel engine water hose good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.17 Coolant antifreeze protection adequate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.18 Cooling line strainer clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.19 Solenoid valve operating correctly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-3.20 Bearings and valves lubricated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			
	Y	N/A	N
<b>B-4.0 Annual Inspection of Steam Pump Systems</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-4.1 Steam pressure gauge reading normal: _____ psi			
B-4.2 Record time required to reach running Speed: _____ min _____ sec	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-4.3 Weekly test conducted and results Recorded:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>			

Inspector's initial \_\_\_\_\_ (All "NO" answers to be fully explained.) Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection, Testing & Maintenance of Fire Pumps**

		Y	N/A	N			Y	N/A	N
<b>C-1.0 Annual Test of Electric Pump Systems:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>C-2.0 Annual Test of Diesel Pump System:</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1.1 Electric pump weekly 10-min test run		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-2.1 Weekly auto start/run 30 min and results		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Results recorded: (water flow not required)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recorded: (water flow not required)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1.2 Time Controller on first step for reduced Voltage or reduced current starting:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	C-2.2 Auto. Weekly test timer used for the Starting procedure:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min _____ sec					C-2.3 Time required for engine to crank:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1.3 Record time pump runs after starting (for automatic stop controllers):		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Min _____ sec				
Min _____ sec					C-2.4 Time required to reach running speed:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1.4 Time required for motor to reach full speed		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Min _____ sec				
Min _____ sec					C-2.5 Observations while engine operating:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b>					Oil pressure: _____ psi				
					Speed indicator: _____ rpm				
					Water Temperature: _____ ° F				
					Oil Temperature: _____ ° F				
					C-2.6 Pump operational without abnormalities:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					C-2.7 Heat exchanger cooling water flow normal:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					C-2.8 Alarm company notified of test run:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					C-2.9 Pump test run performed satisfactorily:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Fire Pump Test										
<b>Pump:</b> Make: _____ Type: _____ Rated capacity: _____ Rated pressure: _____ Rated rpm: _____					<b>Controller:</b> Make: _____ Listed: _____					
<b>Power:</b> Type: _____ Supervision: _____					<b>Water Supply:</b> _____ Source: _____					
<b>Test Data:</b>					<b>Electronic Characteristics:</b> _____					
Type of test (hydrant, drain or pump)	Static or suction pressure (psi)	Residual or discharge pressure (psi)	Net pump pressure (psi)	Pump speed (rpm/ amperes)	Pilot pressure	Dia. of nozzle openings flowed	No. of nozzle openings flowed	Flow at C=.90 C=.97 (gpm)	Opening coefficient C= _____	Actual flow (gpm)
<b>Notes:</b> Remarks on test: _____										
Signature and title of person making test: _____						Company name and address: _____				
Witness (owner or designated rep.): _____						Date of examination: _____				

Inspector's initial _____	(All "NO" answers to be fully explained.) Owner/designated rep. initial _____	Date: _____
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**NEW MEXICO CORRECTIONS DEPARTMENT**

**Annual Inspection and Test of Fire Pump Components:  
Conduct the Inspection and Test Tasks and Record Results as  
Applicable to the Type of Pump System:**

	Y	N/A	N		Y	N/A	N
<b>D-1.0 Annual Inspection of System Components:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-9.1 Automatic starts performed 10 times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.1 Pump in service on inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-9.2 Automatic start function properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.2 Pump identification no.: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-9.3 Automatic stop function properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.3 Casing relief valve free of damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-9.4 Automatic start psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.4 Pressure relief valve free of damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-9.5 Automatic stop psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.5 ALL valves, fittings, pipe leak tight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-10.1 Manual starts performed 10 times:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.6 Condensate drain trap clean:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-10.2 Manual start function properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-2.1 Fire pump controller power "ON":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-10.3 Manual stop function properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-2.2 Transfer switch normal pilot light "ON":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-10.4 Manual start psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.1 Jockey pump operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-10.5 Manual stop psi _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.2 Jockey pump controller power "ON":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-11.1 Remote start function properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.3 Jockey pump controller set on "AUTO":	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-11.2 Remote stop function properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.1 Fire pump shaft coupling appears Properly aligned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-11.3 Remote start psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.2 Packing glands appear properly adjusted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-11.4 Remote stop psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-5.1 Weekly test run records available:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-12.1 Timer indicates total run time: _____ min	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-5.2 Date of last pump run test: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-12.2 Timer reset and graph paper changed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-5.3 Pump peak load at 150% capacity:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-12.3 Test data and flow charts completed: (Attach all water flow charts, electrical Power charts, performance curves, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-6.1 Test header control valve closed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-12.4 Fire pump electrical power readings Recorded at each flow condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-6.2 Test header in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-12.5 Fire pump motor speed: _____ rpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-6.3 Test header valves and caps in Good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-12.6 Fire pump discharge flow: _____ gpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-6.4 Test header valve handles in Good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-13.1 Jockey pump operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-6.5 Test header valve swivels rotation is nonbonding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-13.2 Jockey pump appears properly aligned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-7.1 By-pass control valves open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-13.3 Jockey pump valves open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-7.2 Control valves sealed/not tampered:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-13.4 Jockey pump "turn-on": _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-7.3 Control valves locked/tampered:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-13.5 Jockey pump "turn-off": _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-7.4 Control valves properly tagged And identified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-20.0 Comments:</b> _____			
D-7.5 Flow meter control valves closed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-8.1 Relief valve and cone operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-8.2 Relief valve pressure appears properly Adjusted:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-8.3 Suction gauge while flowing psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-8.4 Fire pump operating psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-8.5 Discharge gauge flowing psi: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

**Note: Pump performance curve should be plotted on page 5 of 5.**

Inspector's initial _____ (All "NO" answers to be fully explained.) Owner/designated rep. initial _____ Date: _____
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**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection & Testing of Dry Pipe Fire Protection Systems  
Quarterly and Annual Items to be Reviewed**

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Inspection Frequency:     Monthly     Quarterly     Annually  Other: \_\_\_\_\_

<b>Quarterly Testing Requirements For a Dry Pipe Sprinkler System</b>				<b>Annual Inspection of Dry Pipe Sprinkler System</b>					
		Y	N/A	N			Y	N/A	N
C-1.1	Quick opening devices tested during Semi-annual inspections:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-1.1	Interior of dry pipe valve in good Condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1.2	Quick opening device test date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-1.2	Interior of quick opening device in Good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-1.3	Priming water at proper level:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-1.3	Inspect interior of strainers, filters, Restricted orifices every 5 <sup>th</sup> year: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-2.1	Low air pressure alarm tested:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-1.4	Inspect interior of main check valve Every 5 <sup>th</sup> year: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3.1	Main drain flow test with _____ in. Valve full open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-2.1	Visual inspection: hanger/seismic Bracing appear attached and secure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3.2	Spkr. Supply gauge: _____ psi				D-3.1	Visual inspection: “exposed” piping Appears in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3.3	Spkr. Supply gauge with main Drain flow: _____ psi				D-3.2	Piping appears free of mechanical Damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					D-3.3	Piping appears free of leakage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					D-3.4	Exterior of piping appears free of Corrosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					D-3.6	Piping appears properly aligned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-3.4	Gauges operating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-3.7	Piping appears free of external loads:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.1	Water flow alarm devices activated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-4.1	Sprinklers appear free of corrosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.2	Interior bldg. alarms operate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-4.2	Sprinklers appear properly positioned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.3	Exterior alarms operate:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-4.3	Sprinklers appear properly spaced:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.6	Did alarm supervisory company Receive signal:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-4.6	Sprinklers appear free of foreign Material:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.7	Did alarm panel reset:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D-4.7	Sprinkler spray patterns appear free Of obstructions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C-18.0</b>	<b>Alarm panel clear:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-18.0</b>	<b>Alarm panel clear:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C-19.0</b>	<b>System left in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-19.0</b>	<b>System left in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C-20.0</b>	<b>Comments:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>D-20.0</b>	<b>Comments:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Inspector’s initial _____	(All “NO” answers to be fully explained.) Owner/designated rep. initial _____	Date: _____
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**NEW MEXICO CORRECTIONS DEPARTMENT**

**Annual Testing and Maintenance Tasks That Are in Addition to Other Frequency Tasks – For Dry Pipe System**

		Y	N/A	N			Y	N/A	N
E-1.1 Dry Pipe Valve: (annually)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Test Frequency Items of 5 Years Unless Noted</b>	F-1.1 Gauge maintenance test: (5 year) _____			
E-2.1 Quick opening devices: (semi-annually)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		F-1.2 Replaced date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-3.1 Dry pipe valve trip tested with control valve Partially open: Date: _____						F-1.3 Calibrated date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-3.2 Trip test with control valve fully open when system is Altered or every 3 <sup>rd</sup> year: Date: _____						F-2.1 Sprinkler maintenance test frequencies:			
(Exception: When protecting a cooler or freezer, DO NOT Introduce moisture into system.)						F-2.2 (5 year) high temp. date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						F-2.3 (20 year, then 10 year thereafter) Fast response date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						F-2.4 (50 year, then 10 year thereafter) Standard sprinkler date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						F-3.1 Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<b>F-4.1 Supplemental Information on Dry Pipe Valve And System Condition Report (Annual)</b>			
						F-4.2 Dry system controls sprinklers in: _____			
					F-4.3 D.P.V. trip test satisfactory _____				
					F-4.4 Reason for failure/or partly satisfactory: _____				
					F-4.5 Condition: interior of body in good Condition: _____				
					F-4.6 Condition: water from test pipe in good Condition: _____				
					F-4.7 Condition: moving parts in good Condition: _____				
					F-4.8 Condition: seats in good condition: _____				
					F-4.9 Condition: rubber facing in good Condition: _____				
					F-4.10 Q.O.D operation indicate satisfactory: _____				
					F-4.11 Q.O.D operation indicate failed: _____				
					F-4.12 Q.O.D operation indicate shut off: _____				
<b>F-10.0 Comments:</b>									

**Trip Test Table**

	Dry Valve			Q.O.D.					
	Size		Year	Year					
	Make	Model	Serial No.	Make	Model	Serial No.			
	Time to trip Thru test pipe		Water Pressure	Air Pressure	Trip point Air pressure	Time water Reached test outlet	Alarm Operated		
Dry Pipe Operating Test	Min	Sec	Psi	Psi	Psi	Min	Sec	Yes	No
	Without Q.O.D.								
	With Q.O.D.								

If No, explain:

(All "NO" answers to be fully explained.)

Inspector's initial \_\_\_\_\_ Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_



**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection & Testing of Wet Standpipe Systems**

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_ Date of previous internal pipe inspection: \_\_\_\_\_

Inspection Frequency:  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

A.1.1 Supply water gauge: _____ psi					
A-1.2 System water gauge: _____ psi					
A-1.3 Top floor gauge: _____ psi					
A-1.6 Class of service: I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/>					
A-2.1 Hose valve size: _____ in.					
A-2.2 Hose valve with adapter size: _____ x _____ in.					
A-2.3 Hose valve with _____ in. hose:					
A-2.6 Type and size of nozzle:					
Adjustable _____ in.					
Straight stream _____ in.					
Fog _____ in.					
Non-adjustable _____ in.					
A-3.1 Indicate the type and record the information for the TOP FLOOR hose valve:					
Pressure reducing valves inlet pressure set _____ psi					
Pressure reducing valves outlet pressure set _____ psi					
Pressure restricting valve inlet pressure set _____ psi					
Pressure restricting valve outlet pressure set _____ psi					
Pressure regulating valve inlet pressure set _____ psi					
Pressure regulating valve outlet pressure set _____ psi					
(Attach supplemental sheet recording the gpm and Pressure setting for EACH FLOOR hose valve.)					
	Y	N/A	N		
A-4.1 System in service on inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-4.2 System equipped with flow switch:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-4.3 System equipped with alarm check valve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-4.4 Trip piping leak tight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-5.1 Control valves sealed open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-5.2 Control valves locked/tamper open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-5.6 Backflow asmb. Valves sealed open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-5.7 Backflow asmb. Valves locked/tamper open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-5.8 Backflow assembly operating OK:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.1 Wall hydrant sealed open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.2 Wall hydrant locked/tamper open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.6 Valve area clear of obstructions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.7 Valve area accessible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.9 Wall hydrant plainly visible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.10 Wall hydrant easily accessible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.11 Wall hydrant identification plate in Place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-6.12 Roof manifold control valve closed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-7.1 Tamper switches appear operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-7.2 Alarm devices appear operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-7.5 Exterior of devices in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-7.6 Exterior bells, gongs unobstructed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-7.7 Exterior fittings free of water leakage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Main drain:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Alarm bell line:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-8.1 Hose valve free of physical damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-8.2 Hose valve outlets with cap:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-8.3 Hose valve outlet thread in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-8.6 System free of visible water leaks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-8.8 Hose valve outlets equipped with Reducing hose adapter:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-9.1 Inspection of cabinet per NFPA 1962:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-9.2 Inspection of hose per NFPA 1962:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-9.3 Inspection of hose nozzle per NFPA 1962:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-9.6 Wall penetrations caulked/sealed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-10.1 Roof manifold equipped with hose valves:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-10.2 Roof manifold hose valve caps in place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-10.3 Roof manifold swivel rotation is nonbonding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-10.4 Roof manifold valves good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-10.5 Roof manifold ball drip operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-11.1 Caps or plugs on FDC:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-11.2 FDC swivel rotation nonbonding:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-11.3 FDC location plainly visible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-11.4 FDC easily accessible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-11.5 FDC identification plate in place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-12.1 Piping free of physical damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-12.2 Piping (exterior) is free of corrosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-12.3 Piping appears to be leak tight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-12.6 Ball drip drain drip tight:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
A-12.7 Main drain at supply _____ (in.): _____ psi					
A-12.9 Signage/identification plates in place:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>A-15.1 Alarm panel clear:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>A-15.2 All systems in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>A-16.1 Comments:</b>					

(All "NO" answers to be fully explained.)

Inspector's initial \_\_\_\_\_ Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection & Testing of Wet Standpipe Systems  
Continued**

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

<b>Quarterly Testing of Wet Standpipe System</b>		Y	N/A	N		<b>Five Year Testing</b>						
						Y	N/A	N				
B-1.1 Main drain _____ (in.) flow at riser: _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-1.1 Pressure gauge calibrated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
B-2.1 Alarm devices operated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____							
<i>Refer to NFPA 1962 for testing of standpipe system in addition to the task indicated herein.</i>					E-1.2 Pressure gauges replaced:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Annual Testing</b>					Date: _____							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-2.1 Hydrostatic test performed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
C-1.1 Test of hose per NFPA 1962:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date: _____							
C-1.2 Test of hose nozzle per NFPA 1962:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-2.2 Water supply test performed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Five Year Inspection</b>					Date: _____							
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-3.1 Pressure regulating type hose valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-1.1 Internal inspection of check valves:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flow tested: Date: _____							
Date: _____					(Attach additional pages to record the results of the flow test Information indicated below which shall be provided for each Type of hose valve connection including the roof manifold, For each floor, and for each standpipe riser. The authority Having jurisdiction shall be consulted prior to conducting The flow test.)							
D-1.1 Internal inspection of alarm check:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					E-4.1 Volume of flow: _____ gpm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____									E-4.2 Supply side: _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
									E-4.3 Hose connection side: _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(All "NO" answers to be fully explained.)

Inspector's initial \_\_\_\_\_ Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_

NEW MEXICO CORRECTIONS DEPARTMENT

Report of Inspection & Testing of Water Based Fire Protection Systems  
Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_  
Name of Facility: \_\_\_\_\_  
Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Page \_\_\_\_\_ of \_\_\_\_\_  
Inspection Frequency:  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

**Quarterly Report of Inspection of  
Wet Sprinkler System**

(For a quarterly inspection, complete all items listed on Monthly  
Items to be Reviewed **AND** the items listed below.)

	Y	N/A	N
B-1.1 Hydraulic nameplate attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.2 Strainers and filters cleaned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-1.3 Exterior alarms properly identified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-2.0 Alarm panel clear:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-3.0 System left in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B-20.0 Comments:</b>			

**Quarterly Testing Requirements  
For Wet Sprinkler System**

	Y	N/A	N
C-1.1 Main drain flow test with _____ in. valve full open:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-2.1 Spkr. Supply gauge: _____ psi			
C-2.2 Spkr. Supply gauge: _____ main drain flow: _____ psi			
C-3.1 Spkr. System gauge: _____ psi			
C-3.2 Spkr. System gauge with main drain flow: _____ psi			
	Y	N/A	N
C-4.1 Water flow alarm devices activated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.2 Interior bldg. alarms operating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-4.3 Exterior alarms operating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-5.1 Inspectors test flow: _____ psi			
C-6.1 Time to ring alarm from alarm			
Check valve:			
	min		sec
C-7.1 Time to ring alarm from flow switch:			
	min		sec
C-8.1 Time to ring alarm from pressure switch:			
	min		sec
	Y	N/A	N
C-9.1 Gauges appear operating properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-10.1 Did alarm supervisory company receive signal Properly:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C-10.2 Did alarm panel reset properly;	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C-11.0 Alarm panel clear</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C-12.0 System left in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C-20.0 Comments:</b>			

Inspector's initial \_\_\_\_\_ (All "NO" answers to be fully explained.)  
Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_

NEW MEXICO CORRECTIONS DEPARTMENT

Report of Inspection & Testing of Water Based Fire Protection Systems
Monthly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(WEEKLY INSPECTION TASKS ARE INCLUDED IN THIS REPORT)

(THERE IS NOT A SCHEDULED MONTHLY TESTING TASK REQUIREMENT. SEE THE QUARTERLY SCHEDULE.)

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Inspection Frequency: \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually \_\_\_\_\_ Other: \_\_\_\_\_

Wet Sprinkler System Inspection

Table with 2 columns of inspection items (A-1.2 to A-8.2 and A-9.1 to A-20.0) and 3 columns of response options (Y, N/A, N).

Inspector's initial \_\_\_\_\_ (All "NO" answers to be fully explained.) Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_

**NEW MEXICO CORRECTIONS DEPARTMENT**

**Report of Inspection & Testing of Water Based Fire Protection Systems  
Annual Items to be Reviewed**

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting Firm: (contractor) \_\_\_\_\_ Inspection Contract # \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Page \_\_\_\_\_ of \_\_\_\_\_

Inspection Frequency:  Monthly  Quarterly  Annually  Other: \_\_\_\_\_

**Annual Report of Inspection of  
Wet Sprinkler System**

**(Description of this form:** These tasks are in addition to the Monthly and quarterly tasks. Complete the monthly and Quarterly reports AND this report as required for a total annual Report of inspection. Visual inspection is defined as what can be observed from the floor level by an inspector. The use of Binoculars is recommended for visual inspections in high Buildings.)

	Y	N/A	N
D-1.1 Prior to freezing season, owner is Responsible for bldg. to be in secure Condition and properly heated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-2.1 Visual inspection: hanger/seismic Bracing appear attached and secure:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.1 Visual inspection: "exposed" piping Appear in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.2 Piping appears free of mechanical damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.3 Piping appears free of leakage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.4 Piping appears free of corrosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.5 Piping appears properly aligned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-3.6 Piping appears free of external loads:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.1 Sprinklers appear free of corrosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.2 Sprinklers appear properly positioned:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.3 Sprinklers appear properly spaced:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.4 Sprinklers appear free of foreign material:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-4.5 Sprinkler spray patterns appear free Of obstructions:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D-10.0 Alarm panel clear:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D-11.0 System in service:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D-20.0 Comments:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\* Provide additional pages if necessary to record the:  
Volume of flow \_\_\_\_\_ gpm,  
Supply side pressure \_\_\_\_\_ psi,  
System side pressure \_\_\_\_\_ psi.

**Annual Testing & Maintenance Tasks  
That are in Addition to Other Frequency Tasks -  
For Wet Sprinkler System**

	Y	N/A	N
E-1.1 Control valve lubricated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-2.1 Control valve operated to closed position and returned to open position:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-1.1 Backflow assembly control valves lubricated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-1.2 Backflow assemble valve operated and Returned to open position:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G-1.1 Post indicator valve operated with number of Turns recorded: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G-1.2 Post indicator valve returned to open position: (Valves left ¼ turn from wide open)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H-1.1 Antifreeze solution checked to provide Adequate freeze protection: (protection temp: _____ ° F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Test Frequency Items of 5 Years or Greater**

H-2.0 Internal inspection last date (5 years): _____			
H-2.1 Alarm check valve:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H-2.15 Flow tested pressure regulation control Valves: ***	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H-2.2 Make: _____			
H-2.3 Model: _____			
H-2.4 Size: _____ Date: _____			
H-2.5 Check valve: _____			
H-2.6 Strainers: _____			
H-2.7 Filters: _____			
H-2.8 Trim orifices: _____			
H-2.9 Other: _____			
H-3.0 Gauge maintenance: date last tested (5 year): _____			
H-3.1 Replaced date: _____			
H-3.2 Calibrated Date: _____			
J-1.0 Sprinkler maintenance test: _____ (5 year)			
J-1.1 High temp. date: _____ (20 year, then 10 year thereafter)			
J-1.2 Fast Response Date: _____			
J-1.3 Residential head 20 year: _____ (50 year, then 10 year thereafter)			
J-1.4 Standard sprinkler date: _____			

**J-20.0 Comments:**  
\_\_\_\_\_  
\_\_\_\_\_

(All "NO" answers to be fully explained.)

Inspector's initial \_\_\_\_\_ Owner/designated rep. initial \_\_\_\_\_ Date: \_\_\_\_\_