 <p>CD-160100</p>	<h1 style="text-align: center;">NEW MEXICO CORRECTIONS DEPARTMENT</h1> <p style="text-align: center;"><i>"We commit to the safety and well-being of the people of New Mexico by doing the right thing, always."</i> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 10/31/85	REVIEW/REVISED: 03/09/15
	EFFECTIVE DATE: 11/14/85	
TITLE: Fire Safety		

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*, 2nd Edition.
- B. ACA Standard 4-4124, 4-4211, 4-4212, 4-4213 and 4-4214, *Standards for Adult Correctional Institutions*, 4th Edition.
- C. ACA Standard 1-CTA-2A-02, 1-CTA-3C-02, and 1-CTA-3C-03, *Standards for Correctional Training Academies*, 1st Edition.
- D. ACA Standard 4-APPFS-3F-03, *Performance Based Standards for Adult Probation and Parole Field Services*, 4th 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*, 2nd 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.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

03/09/15

Date

 <p>CD-160101</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> Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 10/31/85	REVIEW/REVISED: 03/09/15
	EFFECTIVE DATE: 11/14/85	
TITLE: Fire Safety		

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]**



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

03/09/15
Date

 <p>CD-160102</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." Courage Responsibility Ethics Dedication - CREDibly serving the public safety of New Mexico</p>	
	ISSUE DATE: 10/31/85	REVIEW/REVISED: 03/09/15
	EFFECTIVE DATE: 11/14/85	
TITLE: Corrections Industries Fire Prevention and Safety Program		

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.



Gregg Marcantel, Secretary of Corrections
New Mexico Corrections Department

03/09/15
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 _____

_____ Date of cleaning

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

	Y	N/A	N
C-1.0 Annual Test of Electric Pump Systems:	<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"/>
Results 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"/>
Min _____ sec			
C-1.3 Record time pump runs after starting (for automatic stop controllers):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min _____ sec			
C-1.4 Time required for motor to reach full speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min _____ sec			
Comments:			

	Y	N/A	N
C-2.0 Annual Test of Diesel Pump System:	<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"/>
Recorded: (water flow not required)	<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"/>
C-2.3 Time required for engine to crank:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min _____ sec			
C-2.4 Time required to reach running speed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Min _____ sec			
C-2.5 Observations while engine operating:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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

<p>Pump: Make: _____ Type: _____ Rated capacity: _____ Rated pressure: _____ Rated rpm: _____</p> <p>Power: Type: _____ Supervision: _____</p> <p>Test Data:</p> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th>Type of test (hydrant, drain or pump)</th> <th>Static or suction pressure (psi)</th> <th>Residual or discharge pressure (psi)</th> <th>Net pump pressure (psi)</th> <th>Pump speed (rpm/ amperes)</th> <th>Pilot pressure</th> <th>Dia. of nozzle openings flowed</th> <th>No. of nozzle openings flowed</th> <th>Flow at C=.90 C=.97 (gpm)</th> <th>Opening coefficient C= _____</th> <th>Actual flow (gpm)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	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)																																																								<p>Controller: Make: _____ Listed: _____</p> <p>Water Supply: _____ Source: _____</p> <p>Electronic Characteristics: _____</p>
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)																																																									

Notes:
 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
D-1.0 Annual Inspection of System Components:	<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"/>	D-20.0 Comments: _____			
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
Monthly and/or Quarterly 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: _____

Dry Pipe Sprinkler System Inspection

A-1.1	Air pressure gauge:	psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.2	Accelerate or quick opening device gauge:	psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.3	Water pressure gauge:	psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-1.4	Water supply gauge:	psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Y	N/A	N
A-2.0	System in service on inspection:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.1	Dry pipe valve appears free of damage		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.2	Trim valves in appropriate position:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.3	Alarm test valve closed:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-2.4	Intermediate chamber leak tight:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.1	Valve enclosure secured:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.2	Heater operational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-3.3	Low temperature alarm operational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.1	Compressor operational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.2	Oil level full:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.3	High/low pressure switches operational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-4.4	Auto. Air maint. Devices operational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-5.1	Control va. Locked/tamper open:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-5.2	Backflow va. locked open/tamper		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-5.3	Tamper switches appear operational:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-5.4	Valve area accessible:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-5.6	Control valves accessible:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-5.7	Main check valve holding pressure:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.1	FDC plainly visible:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.2	FDC easily accessible:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.3	FDC swivels non-binding rotation:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.4	FDC caps/plugs in place:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.5	FDC gaskets/signs in place		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.6	FDC check valve drip free:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-6.7	FDC ball drip drain drip free:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A-7.1	Exterior alarms properly identified:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-7.2	Exterior alarms appear operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-7.3	Interior alarms appear operational:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.1	Extra heads in spare head cabinet:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.2	Heads appear to be proper temperature:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.3	Head wrench for each type of head:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.6	Head in cooler appears free of ice, corrosion:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.7	Head appears free of leakage or damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.8	Head appears free of paint:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-8.9	Head appears free of non-approved coverings:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-9.0	Standard head less than 50 year:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-10.0	Residential head less than 20 year:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.1	Hose/hydrant house free of damage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.2	Hose/hydrant house fully equipped:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-11.3	Hose/hydrant house is accessible:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-12.1	Wet pipe areas appear properly heated: (Wet SSP on dry pipe sys?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-13.1	Low point drum drips drained: (As frequently as needed)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-13.2	All low points drained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-14.1	All valves identified with signage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-14.2	Hydraulic nameplate attached:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-18.0 Alarm panel clear:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-19.0 System left in service:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A-20.0 Comments:				

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

Inspector's initial _____ Owner/designated rep. initial _____ Date: _____

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
E-1.1 Dry Pipe Valve: (annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-2.1 Quick opening devices: (semi-annually)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-3.1 Dry pipe valve trip tested with control valve Partially open: Date: _____			
E-3.2 Trip test with control valve fully open when system is Altered or every 3 rd year: Date: _____			
<i>(Exception: When protecting a cooler or freezer, DO NOT Introduce moisture into system.)</i>			
	Y	N/A	N
E-4.1 Strainers and filters and restricted Orifices cleaned after trip test or Every 5 years:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-4.2 Information on last trip test recorded:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-5.1 Automatic air maintenance device Tested and operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-6.1 Control valve lubricated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-6.2 Control valve operated to closed Position and returned to open position:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-6.3 Backflow assembly control valves Lubricated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-6.6 Backflow assembly control valves Operated and returned to open position:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-6.7 Post indicator valve operated with _____ Number of turns recorded:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-6.8 Post indicator valve returned to open Position:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(All above listed control valves to be left ¼ turn from wide open)</i>			
E-7.1 All low points drained:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E-7.2 Internal pipe inspection recommended:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Y	N/A	N
Test Frequency Items of 5 Years Unless Noted			
F-1.1 Gauge maintenance test: (5 year) _____			
F-1.2 Replaced date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-1.3 Calibrated date:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-2.1 Sprinkler maintenance test frequencies:			
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"/>
F-4.1 Supplemental Information on Dry Pipe Valve And System Condition Report (Annual)			
F-4.2 Dry system controls sprinklers in:			
F-4.3 D.P.V. trip test satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.4 Reason for failure/or partly satisfactory:			
F-4.5 Condition: interior of body in good Condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.6 Condition: water from test pipe in good Condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.7 Condition: moving parts in good Condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.8 Condition: seats in good condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.9 Condition: rubber facing in good Condition:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.10 Q.O.D operation indicate satisfactory:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.11 Q.O.D operation indicate failed:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F-4.12 Q.O.D operation indicate shut off:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F-10.0 Comments:

Trip Test Table

Dry Pipe Operating Test	Dry Valve			Q.O.D.					
	Size	Year	Year	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			
	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 or previous internal pipe inspection: _____

Inspection Frequency: Monthly Quarterly Annually Other: _____

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

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

Quarterly Testing of Wet Standpipe System				Five Year Testing			
	Y	N/A	N		Y	N/A	N
B-1.1 Main drain _____ (in.) flow at riser: _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-1.1 Pressure gauge calibrated: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B-2.1 Alarm devices operated:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	E-1.2 Pressure gauges replaced: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Refer to NFPA 1962 for testing of standpipe system in addition to the task indicated herein.</i>				E-2.1 Hydrostatic test performed: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annual Testing				E-2.2 Water supply test performed: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N/A	N	E-3.1 Pressure regulating type hose valves Flow tested: Date: _____	<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"/>	(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.)			
C-1.2 Test of hose nozzle per NFPA 1962:	<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"/>
Five Year Inspection				E-4.2 Supply side: _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Y	N/A	N	E-4.3 Hose connection side: _____ psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-1.1 Internal inspection of check valves: Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
D-1.1 Internal inspection of alarm check: Date: _____	<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
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"/>
D-10.0 Alarm panel clear:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D-11.0 System in service:	<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:			

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