



NFPA 13 OWNER'S INFORMATION CERTIFICATE

Name/ Address of property to be protected with sprinkler protection:

1. Existing or planned construction is: Fire resistive or noncombustible Unknown

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

Flammable or combustible liquids	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Compressed or liquid gas cylinders	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Aerosol products	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Liquid or solid oxidizers	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nitrate film	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Organic peroxide formulations	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pyroxylin plastic	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Idle pallets	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "yes", describe type, location, arrangement, and intended maximum quantities _____

3. Indicate whether the protection is intended for one of the following specialized occupancies or areas:

Spray area or mixing room	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Commercial cooking operation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Solvent extraction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Cleanroom	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Laboratory using chemicals	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Incinerator or waste handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Oxygen-fuel welding gas	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Linen handling system	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Gas use	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Water-cooling tower	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If the answer to any of the above is "yes", describe type, location, arrangement, and intended maximum quantities. _____

STORAGE:

Storage of products over 12-feet in height? Yes No

Plastic, rubber, or similar over 5-feet high except as described above? Yes No

If the answer is "yes", describe product, intended storage arrangement, and height

I certify that I have knowledge of the intended use of the property and that the above information is correct: _____ Date: _____

Name of Project Manager or Dir. of AECM completing certificate

(print): _____