



Recalled Sprinkler Head Replacement

Site Address: _____

Building/Business Name: _____

Owner Contact: _____ **Phone:** _____

Sprinkler Company: _____ **Phone:** _____

Recalled heads

Manufacturer: _____ **Model:** _____ **K factor:** _____

of recalled heads in building: _____ **# of heads replaced:** _____

Replacement heads

Manufacturer: _____ **Model:** _____ **K factor:** _____

Notes/comments: _____

I certify that the information on this form is true and accurate. The replacement of the sprinkler heads did not adversely affect the sprinkler system design or hydraulics. All work was performed following the requirements of NFPA 13 and industry good practice.

Date completed: _____

Name of sprinkler company representative (print)

Signature

WA State Certification Stamp

Northshore Fire Dept. 18030 73rd Ave. NE, Kenmore, WA 98028 Fax 425-483-6598 Phone 425-486-2784