

PROJECT HAND-OFF FORM

1. Building Information:

Building Name: _____ Job #: _____
 Address: _____
 Project Type: _____ # Stories: _____ Total Sq. Ft.: _____

2. Contacts:

General _____ Ph.: _____
 Contractor: Address: _____
 Contact: _____
 A.H.J.: _____ Ph.: _____
 Contact: _____

3. Contract:

Bid Plans Date: _____ Specs Incl: Y N Design Deadline: _____
 Have Contract: Y N Notice to Proceed: Y N CAD Files Ordered: Y N

4. Flow Test Info:

Static Pressure: _____ Date Conducted: _____
 Residual Pressure: _____ Conducted by: _____
 Pitot Pressure: _____ Flow Hydrant Location: _____
 Flow Volume: _____ Control Hydrant Location: _____

5. Description:

Total Heads Estimated: _____ Center Tile: Y N Qtr Pnt. Other: _____
 Head Make: _____ Finish: CHR BRZ WHT SPC _____
 Head Type: Semi Rec Conceal 401 Ext. Cov. Dry HSW Dry Pend Dry Up
 Piping Type for Mains: _____ Piping Type for Lines: _____
 Grv'd Fitting Make: _____ Screwed Fitting Make: _____
 F.D.C. Make & Model: _____ Backflow Make & Model: _____
 Grv'd Control Valves Make: _____ Grv'd Check Valves Make: _____
 Dry Valve Make & Model: _____ Hanger Brand (s): _____
 Electrical Devices Make: _____ Air Compressor Make: _____
 Design to NFPA Standard: 13 13R 13D Add. NFPA Design: 14 20 24 30
 System Types: Wet Antifreeze Dry Preaction (Single) (Double) Deluge Fire Pump
 Standpipes Hose Valves Small Hose Stations ESFR Inrack Sprinklers
 # of Standpipes: _____ Hose Valves in Stairwells: Y N Or in Cabinets: Y N
 Cabinet Make & Model: _____ Hose Valve Make & Model: _____
 Fire Pump Make & Model: _____ Fire Pump Size: _____
 Additional Notes: _____

