

Sprinkler Questionnaire

Please complete the form and return a copy to MIIA Loss Control, attention Jeff Siena, your sprinkler contractor, and Central Sprinkler for future action.

Property Name: _____

Property Address: _____

Contact Person for the Property: _____

Title: _____

Telephone: _____

Fax: _____

Sprinkler Contractor: _____

Year sprinkler system was installed: _____

Number of floors: _____

Static Pressure of the sprinkler system: _____ psi.

Pipe System: Steel _____ CPVC _____ Copper _____ Polybutylene _____

Please Indicate Quantity of Each Omega Model

Type of Omega Sprinkler*	Number of Heads (quantity)	Orifice Size	Temperature Rating (°F)	Finish or Color

***AC Concealed, CI-A, EC-20A, HEC-12, HEC-20, Prohibitors, Model M, Flow**

Central Sprinkler Omega Customer Service

Phone: 1-800-638-1531

Fax: (215) 412-8133