

Occupancy Name: _____ Insp. Date: _____

Occupancy Address: _____ System Type: _____

INSPECTOR'S SECTION (All responses reference current inspection)

1. GENERAL	YES	NO	N/A
A. Are all areas of the building provided with sprinkler protection per NFPA 13?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Record water pressure at riser _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. 18 in. min. clearance between the top of the storage & sprinkler deflectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Is all sprinkler piping protected against freezing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. CONTROL VALVES	YES	NO	N/A
A. Are all control valves in open position & locked or sealed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all control valves properly signed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. WET SYSTEMS	YES	NO	N/A
A. Are all cold weather valves in the appropriate open or closed position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Is building adequately heated?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. DRY SYSTEMS	YES	NO	N/A
A. Is the dry pipe valve in service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Air pressure/priming water level per manufacturer's instructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Were low points drained during this inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Quick-opening devices operated satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Was dry pipe valve tripped during the inspection? (Attach data)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Dry-pipe valve room heated properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. Internal exam of piping conducted in ____ (Year) (Required every 5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. Was the dry-piping checked for proper pitch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. ALARMS	YES	NO	N/A
A. Did water motor gong test satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Did electric alarm operate satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Central Station monitoring verified? _____ By Whom? _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Water flow alarm activation verified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. SPRINKLERS	YES	NO	N/A
A. Are all sprinklers free from corrosion, loading or obstruction to spray discharge?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Are all sprinkler heads less than 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. Is there a stock of spare sprinklers and a special head wrench available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. Does the exterior condition of the sprinkler system appear to be satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. Temperature: Are sprinklers the proper temperature rating for their locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. Approximate number of sprinklers in system: _____			
G. Date and name of company performing inspection posted on system main valve?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Date dry-pipe valve trip tested (control valve partially open) _____

8. Date quick-opening device tested (Required every year) _____

9. Flow Test _____ Residual PSI _____ Static PSI _____

10. List water flow tests of main drain made at sprinkler riser:

11. Explain any "NO" answers and comments:

12. Adjustments or corrections made during this inspection:

13. Although these comments are not the result of an engineering review, the following desirable improvements are recommended:

System is operational is operational with defects is not operational

Customer Signature _____ Date _____