

Quarterly Inspection of Fire Sprinkler System

Property Name: _____

Address: _____

City, State, Zip: _____

System Type: Fire Sprinkler System Use Group: _____

System Description: _____

Inspection Type: Quarterly

Inspection Date: _____

Inspector(s): _____ Inspector's Phone #: _____

System Left: [Operational] [Partially Operational] [Non-Operational]

**CIRCLE OR CHECK APPLICABLE BOX.
ALL NO ANSWERS TO BE EXPLAINED
IN SECTION VII.**

SECTION I. Initial Actions

- | | | | |
|---|-------|------|-------|
| 1. Were building management and occupants notified of the inspection? | [Yes] | [No] | [N/A] |
| a. Did the building management confirm that there were no changes in occupancy or hazard since the previous inspection? | [Yes] | [No] | [N/A] |
| b. Name and title of person | | | |
| 2. Was the fire department notified of the inspection? | [Yes] | [No] | [N/A] |
| a. Name / ID number of person notified | | | |
| 3. Was the monitoring company notified? | [Yes] | [No] | [N/A] |
| a. Name / ID number of person notified | | | |
| 4. Are all fire protection systems in service? | [Yes] | [No] | [N/A] |

SECTION II. Inspections:

A. Visual Inspection in Sprinkler Room

- | | | | |
|--|-------|------|-------|
| 1. Is the system hydraulically designed? | [Yes] | [No] | [N/A] |
| a. If yes, is the proper nameplate readable and attached to riser? | [Yes] | [No] | [N/A] |
| 2. Who is performing monthly inspections? | | | |
| 3. Are the retard chambers, drains, piping, & valves free of leaks? | [Yes] | [No] | [N/A] |
| 4. Are the sprinkler gauges in good condition and calibrated within 5 years? | [Yes] | [No] | [N/A] |
| 5. Is the alarm valve in good condition and free of visible damage? | [Yes] | [No] | [N/A] |
| 6. Are all other valves in good condition and free of visible damage? | [Yes] | [No] | [N/A] |
| 7. Key valves identified with signs: | | | |
| a. Main drain? | [Yes] | [No] | [N/A] |
| b. Main control valve? | [Yes] | [No] | [N/A] |
| c. Inspector's test valve? | [Yes] | [No] | [N/A] |
| d. Alarm test? | [Yes] | [No] | [N/A] |
| e. Auxiliary drain? | [Yes] | [No] | [N/A] |
| f. Other | | | |
| 8. Is there a spare sprinkler box? | [Yes] | [No] | [N/A] |
| a. with wrench? | [Yes] | [No] | [N/A] |
| b. with sprinklers? | [Yes] | [No] | [N/A] |
| c. number of spare sprinklers? | | | |

SECTION II. Inspections:

A. Visual Inspection in Sprinkler Room, continued

- 9. Is the control valve in the correct (open or closed) position? [Yes] [No] [N/A]
- 10. Is the control valve either locked or provided with a supervisory switch? [Yes] [No] [N/A]
- 11. Does it appear that the sprinkler room is adequately heated? [Yes] [No] [N/A]
- 12. Backflow preventers
 - a. Valves in correct (open or closed) position? [Yes] [No] [N/A]
 - b. Sealed, locked or supervised and accessible? [Yes] [No] [N/A]
 - c. Relief port on RPZ device not discharging? [Yes] [No] [N/A]

B. Visual Inspection of the Outside of the Building (Fire Department Connection, Main Drain Outlet, and Inspector's Test Outlet)

- 1. Is the Fire Department Connection visible and accessible? [Yes] [No] [N/A]
- 2. Is the Fire Department Connection sign visible and legible? [Yes] [No] [N/A]
- 3. Are the couplings and swivels undamaged and do they rotate freely? [Yes] [No] [N/A]
- 4. Does the Fire Department Connection clapper swing freely? [Yes] [No] [N/A]
- 5. Are the plugs or caps in place and in good condition? [Yes] [No] [N/A]
- 6. Are all gaskets in place and in good condition? [Yes] [No] [N/A]
- 7. Is the automatic drain valve (ball drip) operating properly? [Yes] [No] [N/A]
- 8. Is the check valve free of leaks? [Yes] [No] [N/A]
- 9. Is the main drain outlet clear and unobstructed? [Yes] [No] [N/A]
- 10. Does the inspector's test have a proper test orifice? [Yes] [No] [N/A]

SECTION III. Dry Pipe, Preaction & Deluge Systems

- 1. Enclosures around dry/deluge valves maintaining a minimum of 40F? [Yes] [No] [N/A]
- 2. Dry/deluge valves free from physical damage, trim valves in appropriate (open/closed) position, and no leakage from intermediate chamber? [Yes] [No] [N/A]
- 3. Gauges in good condition showing normal air and water pressure? [Yes] [No] [N/A]
- 4. For freezer systems, is the gauge near the compressor reading the same as the gauge near the dry pipe valve? [Yes] [No] [N/A]
- 5. Have low point drains been emptied? [Yes] [No] [N/A]
- 6. Were air leaks resulting in air pressure loss repaired? [Yes] [No] [N/A]
- 7. Air compressor in working order & oil level correct? [Yes] [No] [N/A]
- 8. Low temperature alarms functioning? [Yes] [No] [N/A]

SECTION IV. Tests

- 1. Was a main drain test performed? [Yes] [No] [N/A]
 - a. Static (no flow) pressure (PSI) _____
 - b. Residual (full flow) pressure (PSI) _____
 - c. Static Pressure after test (PSI) _____
- 2. Was an inspector's test performed? [Yes] [No] [N/A]
 - a. Did the local alarm activate properly? [Yes] [No] [N/A]
 - b. Type of local alarm device present:
 - i. Water Motor Gong [Yes] [No] [N/A]
 - ii. Electric Notification Device [Yes] [No] [N/A]
 - iii. Other _____
 - c. Time it took for the local alarm device to activate (Seconds) _____
 - d. Were supervisory devices tested? [Yes] [No] [N/A]
 - e. Did monitoring company receive all supervisory signals and alarms? [Yes] [No] [N/A]
 - f. Was the alarm panel reset and returned to normal condition? [Yes] [No] [N/A]
 - g. Dry pipe valve priming level correct and has the low air pressure signal passed its test? [Yes] [No] [N/A]
 - h. Quick opening devices passed test? [Yes] [No] [N/A]

SECTION V. Final

1. Has Building Management been notified that the inspection is complete and the system is back in service and made aware of any deficiencies? [Yes] [No] [N/A]
 a. Name of Person notified _____
2. Has the monitoring company been notified that the system is back in service? [Yes] [No] [N/A]
 a. Name / id number of person notified _____
3. Has the fire department been notified that the system is back in service? [Yes] [No] [N/A]
 a. Name / id number of person notified _____

SECTION VI. Repairs, Deficiencies, & Recommendations:

A. Repairs

1. Repairs made to the system at time of inspection

B. Deficiencies

1. Description of Deficiency (System is partially operational, or non-operational because)

C. Recommendations

1. Description of Recommendation (To improve your system, we highly recommends the following)

D. Information required for follow-up

1. How long will it take to make repairs: (Approximate Hours) _____ Will system shutdown be required: [Yes] [No]
 2. How many techs are needed: _____
 3. Material required with part AFP #'s if known (i.e. how much pipe, what kind of sprinkler heads)

4. Special equipment required (ex. lift, hammer drill)

5. Is a site visit required? [Yes] [No] [N/A]

SECTION VII. EXPLANATIONS (for "NO" answers, fill in applicable section & item)

	Section #	Item #
1		
2		
3		
4		
5		
6		
7		

~Note: This is an inspection of the system, but not an engineering analysis.

~One copy must be available at site and a copy must be sent to the local enforcing agency.

OWNER'S SIGNATURE _____