

WATER-BASED FIRE PROTECTION SPRINKLER SYSTEMS INSPECTION CHECKLIST

Building Name _____ Building Number _____

Inspector _____ Date _____

This report covers: FMD - Quarterly Contractor - Annual Contractor - 5-Year

QUARTERLY INSPECTIONS

- | | | | | | | |
|--------------------------|-----|--------------------------|----|--------------------------|-----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | |
| | | | | | | GAUGES |
| | | | | | | Normal water pressure maintained in gauges |
| | | | | | | CONTROL VALVES |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | In the correct (open or closed) position |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Sealed, locked, or supervised |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Accessible |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Free from damage or leaks |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Proper signage |
| | | | | | | ALARM VALVES |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Free of damage |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Accessible |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Retard chamber/alarm drains not leaking |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Alarm devices – free of damage |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Hydraulic data nameplate – securely attached to riser/legible |
| | | | | | | FIRE DEPARTMENT CONNECTIONS |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Visible and accessible |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Couplings/swivels operate correctly |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Plugs/caps are in place |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Gaskets are not damaged |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Identification signs are in place |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Ball drip valve is functional |
| | | | | | | PRESSURE REDUCING VALVE |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | In the open position/not leaking |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | Maintaining downstream pressure |
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | N/A | In good position |

ANNUAL INSPECTIONS

SPRINKLERS (VISIBLE)

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Free of corrosion, foreign material, or paint |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Installed in proper orientation |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Fluid in glass bulbs |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Spare sprinklers – proper number and type. Complete with wrench? |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Hangers and seismic bracing – not damaged or loose |

PIPINGS AND FITTINGS (VISIBLE)

- | | | | |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | In good condition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | No leaks or mechanical damage |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Correct alignment – no external loads |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Hose racks – inspected per NFPA 1962 |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Building – wet piping not exposed to freezing temperatures |

FIVE YEAR INSPECTION

- | | | | |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Alarm valve interior including strainers, filters and restriction orifice |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Check valve – internal moves freely, in good condition |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Obstruction inspection – no foreign or obstructing materials found |

COMMENTS:

Signature _____ Date _____

Representing _____

Email