Automatic Sprinkler Systems Inspection, Testing, and Maintenance of Preaction/Deluge Sprinkler Systems

Pro	perty l	Nam	e:			Inspector:				
Pro	perty /	Addr	'ess:			Contract No.:				
Pho	one Nu	mbe	er:			Date:				
This	s Repo	rt Co	overs:			Monthly	Quarterly		Annual	
						Three-Year		Five-Year		
Inspections										
Monthly										
	Yes		No		N/A	Gauges—norma	ıl air a	nd water pressur	e mainta	ined
						Control Valves				
	Yes		No		N/A	In the correct (o	pen or	closed) position	l	
	Yes		No		N/A	Sealed, locked, or supervised				
	Yes		No		N/A	Accessible				
	Yes		No		N/A	Free from dama	ge or l	eaks		
	Yes		No		N/A	Proper signage				
						Deluge Valve				
	Yes		No		N/A	Exterior free of chamber is not l	-		e in corr	ect open or closed position, and intermediate
Qua	Quarterly									
	Yes		No		N/A	Alarm devices-	-free c	of damage		
	Yes		No		N/A	Hydraulic data 1	namep	late—securely a	ttached to	o riser/legible
						Fire Departme	nt Cor	nnections		
	Yes		No		N/A	Visible and acce	essible			
	Yes		No		N/A	Coupling/swive	ls oper	ate correctly		
	Yes		No		N/A	Plugs/caps are in	n place	9		
	Yes		No		N/A	Gaskets are not damaged				
	Yes		No		N/A	Identification signs are in place				
	Yes		No		N/A	Check valve is not leaking				
	Yes		No		N/A	Ball drip is functional				
	Yes		No		N/A	FDC clapper is	functio	onal		
						Pressure Redu	cing V	alve		
	Yes		No		N/A	In the open posi	tion/no	ot leaking		
	Yes		No		N/A	Maintaining dov	vnstrea	am pressure		

Form 7

	Yes		No		N/A	In good condition		
Annual Sprinklers								
	Yes		No		N/A	No damage or leaks		
	Yes		No		N/A	Free of corrosion, foreign material, or paint		
	Yes		No		N/A	Installed in proper orientation		
	Yes		No		N/A	Fluid in glass bulbs		
	Yes		No		N/A	Spare sprinklers—proper number and type. Complete with wrench?		
	Yes		No		N/A	Hangers and seismic bracing—not damaged or loose		
						Pipes and Fittings		
	Yes		No		N/A	In good condition/no external corrosion		
	Yes		No		N/A	No leaks or mechanical damage		
	Yes		No		N/A	Correct alignment—no external loads		
	Yes		No		N/A	Preaction/deluge valve interior inspection following trip test		
	Yes		No		N/A	Building—prior to onset of freezing weather—all openings are closed, no water filled pipe is exposed to freezing temps		
Five	e- Year							
	Yes		No		N/A	Obstruction inspection—no foreign or obstructing material found		
	Yes		No		N/A	Check valve		
	Yes		No		N/A	Preaction/deluge valve strainers, filters, restricted orifices, and diaphragm chambers internal inspection		
Tes	st							
	arterly							
	Yes		No		N/A	Alarm devices—water motor gong		
	Yes		No		N/A	Main drain test—if the sole supply is through a backflow preventer or pressure reducing valve		
						Static psi Residual psi		
	Yes		No		N/A	Do results differ by more than 10% from previous test?		
	Yes		No		N/A	Priming water—test level		
	Yes		No		N/A	Low air alarm—test per manufacturer's instructions		
Sen	ni-Ann	ual						
	Yes		No		N/A	Supervisory switch functions		
	Yes		No		N/A	Alarm devices-inspectors test or bypass opened/observed waterflow		
Anr	nual							
	Yes		No		N/A	Main drain test Static psi Residual psi		
	Yes		No		N/A	Do results differ by more than 10% from previous test?		

Form 7

	Yes		No		N/A	All control valves operated through full range of motion and returned to normal position		
						Full Flow Trip Test		
	Yes		No		N/A	Unobstructed discharge from all nozzles		
	Yes		No		N/A	Pressure reading at preaction/deluge valve		
	Yes		No		N/A	Pressure reading at most remote nozzle or sprinkler: psi		
	Yes		No		N/A	Air maintenance device functions		
	Yes		No		N/A	Correctly?		
	Yes		No		N/A	Backflow test		
	Yes		No		N/A	Backflow full flow test		
Thr	Three-Year							
	Yes		No		N/A	Full flow trip test (if not performed annually)-record pressures as indicated above		
	Yes		No		N/A	Results compared to previous results		
Five	e-Year							
	Yes		No		N/A	Gauges tested or replaced		
	Yes		No		N/A	Pressure reducing valve)-flow test and comparable to previous results		
Routine Maintenance								
	Yes		No		N/A	Sprinklers/pilot sprinklers tested or replaced per appropriate testing schedule		
Cor	Comments							
Overall System Status								
Satisfactory Unsatisfactory								
Signature:						Date:		
Lice	License/Certification No.:							