Foam-Water Sprinkler Systems

Weekly Inspection

This form covers a 6-month period.							
Year: _		System:					
Locatio	n:						
2. If all sp If not, see 3. Note "NA	e that corrections are made	ition and storage is e and briefly describ re properly installed required.	maintained at lesse under "notes . If not, see tha	east 18 in. (46 c	"resealed" in this block. cm) below the sprinklers, note "yes" in block. e made and briefly describe under "notes."		
Date	Inspector	Valves Sealed	Sprinklers OK (2)	Plugs/Caps Installed (3)	Notes (4)		
	eposto.	(1)	2.1(2)	(0)			

Overall System Status						
Satisfactory	Unsatisfactory					
Signature:		Date:				
License/Certification No.						