

Foam-Water Sprinkler Systems General Information

Date: _____ Inspector: _____ System: _____

Location: _____

General

System designation _____

Building _____

Location of control valve _____

Has system been modified since last inspection? Yes No

What is hazard protected? _____

Valves

How are valves supervised? Seated Locked Tamper switch

Are valves identified with signs? Yes No

Fire Department Connections

Location _____

Are identification signs provided? Yes No

Operating Instructions

Are operating instructions present? Yes No

Notes

Overall System Status

Satisfactory Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____