

# Water Mist 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

### Detection System (if any)

When was the detection system last inspected? \_\_\_\_\_

### Operating Instructions

Are operating instructions present?  Yes  No

### Notes

### Overall System Status

Satisfactory  Unsatisfactory

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License/Certification No.: \_\_\_\_\_