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Water Spray Systems

Inspection, Testing, and Maintenance of Water Spray Systems

Name of Property: _____ **Inspector:** _____

Address: _____ **Contract No.:** _____

Phone Number: _____ **Date:** _____

This Report Covers: ☐ **Weekly** ☐ **Monthly** ☐ **Quarterly**
☐ **Five-Year** ☐ **Annual**

Inspection

Weekly

This form covers a 6-month period.

Year: _____ **System:** _____

Location: _____

General

1. If valves are sealed, note "yes" in this block. If any are not sealed, reseal and note "resealed" in this block.
2. If all nozzles are in good condition and not blocked, note "yes" in block. If not, see that corrections are made and briefly describe under "notes."
3. Assure valve enclosure is maintained above 40ºF (4.4ºC).
4. Assure deluge or preaction valve is free of damage, trim valves are in proper position, and electrical components are operational.
5. Record any notes about the system that the inspector believes to be significant.

Date	**Inspector**	**Valves Sealed** (1)	**Nozzles OK** (2)	**Alarm Valve OK** (3)	**Deluge Valve OK** (4)	**Notes** (5)

Monthly

Control Valves

☐ Yes ☐ No ☐ N/A In the correct (open or closed) position

☐ Yes ☐ No ☐ N/A Sealed, locked, or supervised

☐ Yes ☐ No ☐ N/A Accessible

☐ Yes ☐ No ☐ N/A Free from damage or leaks

☐ Yes ☐ No ☐ N/A Proper signage

Deluge Valve

☐ Yes ☐ No ☐ N/A Exterior—free of damage, trim valves are in correct (open or closed) position, and intermediate chamber is not leaking

Nozzles

☐ Yes ☐ No ☐ N/A In place, pointed in the intended direction, and free from external loading and corrosion

☐ Yes ☐ No ☐ N/A Blow-off cap (if required) in place and free to operate

Quarterly

☐ Yes ☐ No ☐ N/A Drainage—area beneath and around the water spray system such as drainage trenches and trap sumps are not blocked

Pipe and Fittings

☐ Yes ☐ No ☐ N/A Free of mechanical damage

☐ Yes ☐ No ☐ N/A Missing or damaged paint or coatings

☐ Yes ☐ No ☐ N/A Free of corrosion or paint

☐ Yes ☐ No ☐ N/A Misalignment or trapped sections

☐ Yes ☐ No ☐ N/A Low point drains not damaged or corroded

☐ Yes ☐ No ☐ N/A Location of rubber gasketed fittings

Hangers and Supports

☐ Yes ☐ No ☐ N/A Missing or damaged paint or coating

☐ Yes ☐ No ☐ N/A Free of rust or corrosion

☐ Yes ☐ No ☐ N/A Securely attached to structure and piping

☐ Yes ☐ No ☐ N/A Damaged or missing

☐ Yes ☐ No ☐ N/A Detection system inspected in accordance with NFPA 72

Five-Year

☐ Yes ☐ No ☐ N/A Strainer basket removed and inspected for corrosion

Test

Quarterly

☐ Yes ☐ No ☐ N/A Alarm devices—water motor gong

☐ Yes ☐ No ☐ N/A Main drain test—if sole supply is through a backflow preventer

Static psi _____ Residual psi _____

☐ Yes ☐ No ☐ N/A Do results differ by more than 10% from previous test?

☐ Yes ☐ No ☐ N/A Deluge valve priming water—test level

☐ Yes ☐ No ☐ N/A Low air alarm—test per manufacturer's instructions

Semi-Annual

☐ Yes ☐ No ☐ N/A Supervisory switch functions

☐ Yes ☐ No ☐ N/A Alarm devices—inspector's test or bypass opened/observed waterflow

Annual

☐ 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

☐ 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 most remote nozzle: _____ psi

☐ Yes ☐ No ☐ N/A Nozzle spray patterns and direction verified

☐ Yes ☐ No ☐ N/A Air maintenance device functions correctly

System Response Time

☐ Yes ☐ No ☐ N/A Heat detection responded in _____ sec

☐ Yes ☐ No ☐ N/A Flammable gas detection responded in _____ sec

☐ Yes ☐ No ☐ N/A Mainline strainer flushed after trip test

☐ Yes ☐ No ☐ N/A Backflow preventer/backflow test

☐ Yes ☐ No ☐ N/A Detection system tested in accordance with NFPA 72

Maintenance

Annual

☐ Yes	☐ No	☐ N/A	Deluge valve interior cleaned and parts replaced or repaired as needed
☐ Yes	☐ No	☐ N/A	Control valve stem lubricated and valve operated through its full range of motion
☐ Yes	☐ No	☐ N/A	Strainers cleaned in accordance with manufacturer's instructions
☐ Yes	☐ No	☐ N/A	Detection systems maintained in accordance with NFPA 72
☐ Yes	☐ No	☐ N/A	Sprinklers/pilot sprinklers/automatic spray nozzles tested or replaced per appropriate testing schedule

Comments

Overall System Status

☐ Satisfactory ☐ Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____