Form 26

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Foam-Water Sprinkler Systems
Monthly Inspection

This form covers a 1-year period.

Year: _____ **System:** _____

Location: _____

General

1. If fire department connections are unobstructed and in good condition, note "OK" in block. If not, see that corrections are made and briefly describe under "notes."
2. If valves are locked, note "yes" in this block If any are not locked, relock and note "relocked" in this block.
3. Assure alarm devices are free of physical damage and electrical connections are secure. If so, note "OK" in blank. If not, see that corrections are made and briefly describe them under "notes."
4. Record water pressure. If there is a difference of 10% or more, investigate cause, evaluate impact to system operation, and briefly describe under "notes."
5. Note "OK" if system operating instructions are posted. If not, see that corrections are made and briefly describe under "notes."
6. Inspect nozzles for proper orientation, blockage, and caps (if provided) are in place.
7. Inspect all valves on portioning system for proper position.
8. Inspect foam concentrate tank to ensure it is full and there is no serious corrosion.
9. Record any notes about the system that the inspector believes to be significant.

Y = Satisfactory **N** = Unsatisfactory (explain below)

Date	Inspector	Fire Department Connections (1)	Valves Locked (2)	Alarm Devices (3)	Water Pressure (4)	Instructions Posted (5)	Nozzles (6)	Valves (7)	Concentrate tank (8)

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Notes (9)

Overall System Status

☐ Satisfactory ☐ Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____

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