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Foam-Water Sprinkler Systems

Quarterly Tests

This form covers a 1-year period.

Year: _____ System: _____

Location: _____

Y = Satisfactory

N = Unsatisfactory (explain below)

Date:			
Inspector:			
Main Drain Test	Y	N	
Record the static water supply pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Open the main drain and allow water flow to stabilize	<input type="checkbox"/>	<input type="checkbox"/>	
Record the residual water supply pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Close the main drain (slowly)	<input type="checkbox"/>	<input type="checkbox"/>	
Flow Alarm	Y	N	
Test flow alarm by opening the test valve. Note "OK" in box if alarm operated properly	<input type="checkbox"/>	<input type="checkbox"/>	
Exercise Valves	Y	N	
Exercise all valves by fully closing and reopening. Replace locks or seals. Note "OK" in block if there are no problems.	<input type="checkbox"/>	<input type="checkbox"/>	
Control Valves	Y	N	
Open all control valves until spring or tension is felt in the operating rod. Back valve 1/4 turn to prevent jamming. <i>Note: Outside screw and yoke (OS&Y) valves or gear-operated indicating butterfly valves do not require quarterly testing.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes	Y	N	
Record any notes about the system that the inspector believes to be significant. Place a number in this block and number the corresponding note below.	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Notes: 			

Overall System Status

Satisfactory Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____