

Inspection, Testing and Maintenance of Water Spray Fixed Systems

Service Company	Date of Service			Time	Last Service Date
	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	Annually <input type="checkbox"/>		5 Year <input type="checkbox"/>
	Valves	Sealed <input type="checkbox"/>	Locked <input type="checkbox"/>	Tamper <input type="checkbox"/>	Signage <input type="checkbox"/>
	Fire Pump	Diesel <input type="checkbox"/>	Electric <input type="checkbox"/>	Gas <input type="checkbox"/>	None <input type="checkbox"/>
Building Name:	Owner:			Tel:	
Address:	City:	Postal Code	Contact:		Fax:
			Tel:		Fax:

Note: This inspection and test form is for water spray protection from fixed nozzle systems only. The components described shall be inspected and tested in accordance with the manufacturer's instructions and applicable codes.

“√” Yes - Satisfactory “X” NO - Unsatisfactory “NA” - Not Applicable

Inspections

Weekly

- Nozzles are unobstructed?
- Equipment or machinery has not been changed to block nozzle discharge?
- Nozzle position in appropriate position?
- Nozzle spray patterns protect the hazard?
- Control valves are open? (sealed)
- Valve enclosure is adequately heated in cold weather?
- Deluge Valves:
- Free from damage?
- Trim valves in the correct positions?
- No water leakage?
- Electrical components are in service?

Monthly

- Control valves are in the open position? (locked or tampered)
- Drainage is adequate, trenches and retention dikes, traps are in good repair and free from damage?
- Fire Department Connections in good condition and accessible?
- Low point drains in good condition?
- Rubber gasketed fittings in proper position?

Tests

Quarterly

- Water flow alarm tested using by-pass valve?
- Open each control valve until spring or torsion is felt in the operating rod? (Back valve one-quarter turn to prevent jamming)
- Valve supervisory devices indicate movement?

Semi-Annually

- Fire detection system tested for proper operation?

Annually

- Operational Test: (test all systems together which will operate simultaneously)
- Record response time _____
- Record Discharge time _____

Annually

Spray Nozzles Inspected:

- Free of corrosion?
- Spray pattern unobstructed?
- Free of foreign materials?
- Free of physical damage?

Piping Inspected:

- In good condition?
- Not leaking?
- Free of corrosion?
- Properly aligned?
- Not subjected to external loads?

Pipe Hangers Inspected:

- Free from physical damage?
- Free of corrosion?

Gauges Inspected:

- Good condition and free of physical damage?
- Normal water pressure maintained?
- Record water pressure: _____ psi/kpa

5 Years:

- Check Valves internally inspected?
- Record pressure at most remote nozzle _____ psi/kpa?
- Record pressure at deluge valve _____ psi/kpa?
- Discharge patterns were not impeded?
- Was area of operation totally covered?
- Are above pressures and times acceptable?
- Nozzle strainers cleaned after test?
- Connection to riser flushed?
- Manual actuation devices operated properly?
- Control valves operated through full range and returned to normal?
- Backflow devices passed backflow test?
- Backflow devices passed full flow test?

Maintenance

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Annually

- ____ Operate manual tripping devices?
- ____ Outside, Stem and Yoke Valves operated and lubricated?
- ____ Interior of deluge valves cleaned?
- ____ Fire Department Connections:
 - ____ Visible, accessible and identified?
 - ____ Couplings, swivels not damaged and rotate smoothly?
 - ____ Plugs and caps in place and not damaged?
 - ____ Gaskets in place and in good condition?
 - ____ Obstruction investigation needed?

- ____ Flush underground lead-in connections to system risers?
- ____ Strainers cleaned and flushed?
- ____ Fire detection systems maintained?
- ____ Drainage System in good condition?

5 Year

- ____ Interior of deluge valves (which can be reset without opening) in good condition?
- ____ Strainers, filter and orifices in good condition?
- ____ Mainline Strainers removed and cleaned?

Comments:

state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.

Technician Stamp	Date	Time	Owner or Authorized Agent