

FOAM SYSTEMS

Monthly Inspection

Year: _____ System: _____

Location: _____

1. Date of inspection
2. Inspector
3. If valves are locked, Place "L" in space. If valves have tamper switches, place "TS" in space.
4. Record water pressure
5. Ensure that valves are in correct position, concentrate tank is full, and general condition looks good.
6. For foam-water sprinkler/spray systems, ensure that exterior of deluge valve is free of damage, rim valves are in appropriate position, valve is not leaking, and electrical components appear in working order.
7. For low-,medium-, or high-expansion foam systems, inspect outlets for damage, blocking, or other impairments
8. Record any notes about the system that the inspector believes to be significant. Place a number in this column and number the corresponding note at the end of the inspection form.

Y=Satisfactory

N=Unsatisfactory (explain below)

N/A=Not applicable

Date	Inspector	Control Valves	Water Pressure Gauges	Proportioning System	Deluge Valve	Foam Discharge Outlets	Comments

Comments _____

FOAM SYSTEMS

Quarterly, Semi-Annual, annual Tests

Year: _____ System: _____

Location: _____

Y=Satisfactory

N=Unsatisfactory (explain below)

N/A=Not Applicable

Date				
Inspector				
Test mechanical water flow devices (if any) (e.g., water motor gongs)				
Test foam-water sprinkler/spray systems if sole water supply is through backflow preventer or pressure reducing valve				
Static pressure				
Residual pressure				
Static pressure returned				
Time for static pressure to return				

Comment _____

Semi-Annually

Date		
Inspector		
Test Water flow alarms		

Comment _____

Annually

Date	
Inspector	
Test detection system (if any)	
Conduct complete operational test	
Ensure discharge devices are properly oriented	
Ensure discharge devices are not obstructed	
Test backflow prevention devices (if any)	
Test foam quality in accordance with manufacturer's recommendations	
Test fire pump (if any)	

Comment _____

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