

General Information

Date:	Inspector:		System:	<u> </u>
Location:				
General				
System designation	n:			
Location of contro	l valve:			
	f valve:			
-	nodified since last inspection? tected?	Yes	No	
Valves				
How are valves sup		Sealed	Locked	Tamper switch
Are valves identifie	ed with signs?	Yes	No	
Water Supply				
	er supply test made?			
Are reservoirs, tani	ks, or pressure tanks in good condi	tion?Yes	No	
Pumps				_
Is fire pump		Diesel	Electric	GasolineNone
Is pump in good co	st inspected?	Yes	No	
is pump in good co	nation:			
Foam				
Type of foam conc	entrate			
Percentage of foar	n concentrate			
Comments:				
				·····

Ref No: FS/GI/17/SSCL/01

Weekly Inspection

Year:	_System:
Location:	

- 1. Date of inspection
- 2. Inspector's name or badge number
- 3. If valves are sealed, note "yes" in this block. If any are not sealed, reseal and note "resealed" in this block
- 4. Record any comments about the system that the inspector believes to be significant.

5. Y=Satisfactory N=Unsatisfactory (explain below) N/A=Not applicable

Date	Inspector	Valves Sealed	Comments
	орссоо	54.1505 54.154	

Ref No: FS/WI/17/SSCL/01

Monthly Inspection

Ye	ar:			System:				
Lo	cation:							
1.	Date of	inspection						
	Inspecto	•						
	If valves are locked, Place "L" in space. If valves have tamper switches, place "TS" in space.							
	Record water pressure							
	Ensure that valves are in correct position, concentrate tank is full, and general condition looks good.							
	For foar	m-water spri	nkler/spray s	ystems, ensu	re that exterior t leaking, and el	of deluge va	lve is free of	damage, rim
7.	For low impairm		or high-expan	sion foam sy	ystems, inspect o	outlets for d	amage, block	ing, or other
	column	and number	the correspor	nding note at	spector believes the end of the in	spection for	n.	umber in this
	Satisfacto		=Unsatisfacto			I/A=Not app		Т
Da	te	Inspector	Control	Water	Proportioning	Deluge	Foam	Comments
			Valves	Pressure	System	Valve	Discharge	
				Gauges			Outlets	
$C \circ$	mments							
CU	iiiiieiits_							

Ref No: FS/MI/17/SSCL/01



Quarterly Inspection

Year:	System:		 	_
Location:				_
Y =Satisfactory	N =Unsatisfactory (explain below)	N/A =Not Applicable		
Date				
Inspector				
Foam Concentrate Straine	rs Blow-Down			
Valve closed and plugged				
Water Flow Devices Free o	of Damage			
Pressure Reducing and Re	lief Valves			
Valves open				
Valves not leaking				
Downstream pressure ma	intained per design (record)			
Valves in good condition v	vith handwheels installed			
Comments				
-			 	
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Ref No: FS/QI/17/SSCL/01



Annual Inspection

Year:	System:			
Location:				
Y =Satisfactory	N =Unsatisfactory (explain	below)	N/A =Not Applicable	
Date				
Inspector				
Inspect foam chamb	ers for obstructions and co	nfirm vapour sea	al is intact	
Inspect piping and fitting	js			
No mechanical dama	ge			
No excessive rust or co	rrosion			
Piping not misaligned	<u>k</u>			
Low point drains provid				
	gs appear in good condition			
	ports, and seismic bracing			
No damaged or missing	g hangers			
Hangers secure				
No excessive rust or co				
	ate tanks for corrosion and d	amage		
Inspect foam concentr	ate for signs of sludging			
Comments				
				

Ref No: FS/AI/17/SSCL/01

Quarterly, Semi-Annual, annual Tests

Year:System:				
Location:				
Y=Satisfactory N=Unsatisfact	ory (explain below)	N/A =Not App	olicable	
Date				
Inspector				
Test mechanical water flow devices	(if any) (e.g., water motor go	ongs)		
Test foam-water sprinkler/spray sys	stems if sole water supply is	through		
backflow preventer or pressure redu	ıcing valve			
Static pressure				
Residual pressure				
Static pressure returned				
Time for static pressure to return				
Comment				
<u>Semi-Annually</u>				
Date				
Inspector				
Test Water flow alarms				
Comment				
Annually				
Date		T		
Inspector				
Test detection system (if any)				
Conduct complete operational test				
Ensure discharge devices are proper	ly oriented			
Ensure discharge devices are not obs				
Test backflow prevention devices (if				
Test foam quality in accordance with		ations		
Test fire pump (if any)				
Comment				
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Monthly and Semi-Annual Maintenance

Year:	System:					
Location:						
'=Satisfactory						
Monthly						
Foam Liquid Pumps						
Date						
Inspector						
Operate pumps for 2	20-30 seconds. Assure no foam					
liquid is lost						
	ts that the inspector believes to be					
	umber in the block and number					
the corresponding co	omment below					
Semi-Annually						
	cuum Vent on Foam concentrate Tan	IK				
Date						
Inspector	uum vent on foam concentrate tank					
-	ts that the inspector believes to be					
	umber in the block and number the					
corresponding comm						
corresponding comm	iene selow					
Comments						
						

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Annual Maintenance

Year:	System:
Location:	
Y =Satisfactory	N =Unsatisfactory (explain below) N/A =Not Applicable
Date	
Inspector	
	ate through its full range and return to normal position
Maintain fire pump (if an	y)
Maintain water tank (if a	ny)
Record any comments the corresponding comment	at the inspector believes to be significant. Place a number in the block and number the below
Comments	
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Ref No: FS/AM/17/SSCL/01



Monthly Inspection of Control Valves Having a Normal Water Supply

Date	inspector	ſ <u></u>			
System					
	f inspection tor's name, initials, o	or hadge number			
	y valve location or o				
			ondition, note "OK" in	hlock	
			that the inspector beli		
J. Necore	a arry riotes about the	e standpipe valves	that the inspector being	eves to be significant.	
Date	Inspector	Valve	Open & Ok	Comments	
Inspector					
Comments					
					

Ref No: FS/MICVHNWS/17/SSCL/01