

# FOAM WATER SPRINKLER SYSTEMS

## General Information

Date: \_\_\_\_\_ Inspector: \_\_\_\_\_ System: \_\_\_\_\_

Location: \_\_\_\_\_

### General

System designation: \_\_\_\_\_

Building: \_\_\_\_\_

Location of control valve: \_\_\_\_\_

Make and model of valve: \_\_\_\_\_

Has system been modified since last inspection? ☐ Yes ☐ No

What is hazard protected? \_\_\_\_\_

### Valves

How are valves supervised? ☐ Sealed ☐ Locked ☐ Tamper switch

Are valves identified with signs? ☐ Yes ☐ No

### Water Supply

When was last water supply test made? \_\_\_\_\_

Are reservoirs, tanks, or pressure tanks in good condition? ☐ Yes ☐ No

### Pumps

Is fire pump ☐ Diesel ☐ Electric ☐ Gasoline ☐ None

When was pump last inspected? \_\_\_\_\_

Is pump in good condition? ☐ Yes ☐ No

### Fire Department Connections

Location \_\_\_\_\_

Are identification signs provided? ☐ Yes ☐ No

### Operating Instructions

Are operating instructions posted? ☐ Yes ☐ No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



# FOAM WATER SPRINKLER SYSTEMS

## Monthly Inspection

Year: \_\_\_\_\_ System: \_\_\_\_\_

Location: \_\_\_\_\_

1. Date of inspection
2. Inspector's name or badge number
3. 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 "comments"
4. If valves are locked, note "yes" in this block. If any are not locked, relock and note "relocked" in this block.
5. Ensure 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 under "comment"
6. Record water pressure. If there is a difference of 10 percent or more, investigate cause, evaluate impact to system operation, and briefly describe under "comments"
7. Note "OK" if system operating instructions are posted. If not, see that corrections are made and briefly describe under "comments"
8. Inspect nozzles for proper orientation, blockage, and ensure that caps (if provided) are in place.
9. Inspect all valves on portioning system for proper position
10. Inspect foam concentrate tank to ensure it is full and there is no serious corrosion
11. Record any comments about the system that the inspector believes to be significant

Y=Satisfactory

N=Unsatisfactory (explain below)

N/A=Not applicable

|                             |  |  |  |  |  |  |  |  |  |  |  |  |  |
|-----------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Date                        |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Inspector                   |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire Department Connections |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Valves Locked               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Alarm Devices               |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Water Pressure              |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Instructions Posted         |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Nozzles                     |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Valves                      |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Concentrate Tank            |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Comments                    |  |  |  |  |  |  |  |  |  |  |  |  |  |

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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









