

General Information

Date:	Inspector:		System	:
Location:				
General				
System designatio	n:			·
Building:				
Location of contro	l valve:			
	of valve:			
•	nodified since last inspection? otected?	Yes	No	
Valves				
How are valves sup Are valves identifie		Sealed Yes	Locked No	Tamper switch
Water Supply				
	er supply test made?			
Are reservoirs, tan	ks, or pressure tanks in good condi	tion? Yes	□No	
Pumps				
Is fire pump		Diesel	Electric	Gasoline None
	ast inspected?			
Is pump in good co	ondition?	Yes	No	
Fire Department C Location	Connections			
Are identification s	signs provided?	Yes	No	
Operating Instruct	ions			
Are operating instr	ructions posted?	Yes	No	
Comments:				
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Ref No: FWSS/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. If all sprinklers are in good condition and storage is maintained at least 18 in. (46 cm) below the sprinklers, note "yes" in block. If not, see that corrections are made and briefly describe under "comments"
- 5. Note "OK" in block if all caps are properly installed. If not, see that corrections are made and briefly describe under "comments." Note "N/A" if caps or plugs are not required
- 6. Record any comments about the system that the inspector believes to be significant. Continue on reverse if necessary

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

Date	Inspector	Valves Sealed	Sprinklers OK	Plugs/Caps Installed	Comments



Year:		Monthly stem:	Inspectio	n				
Location:								
Date of inspection								
2. Inspector's name or badg								_
If fire department connections are made			_		n, note "C)K" in blo	ock. If	not, see
If valves are locked, note block.	"yes" in thi	s block. If	any are no	t locked, r	elock and	note "re	locked	" in this
Ensure alarm devices are in blank. If not, see that c		_					so, no	ote "OK"
6. Record water pressure.	If there is a	difference	of 10 per	rcent or m			ause, e	evaluate
impact to system operation		•						
Note "OK" if system oper describe under "commen	_	tions are p	osted. If no	ot, see that	correction	is are ma	ade an	d briefly
8. Inspect nozzles for prope	r orientation.	blockage.	and ensure	that caps	(if provide	d) are in	place.	
9. Inspect all valves on porti		_			(,		
10. Inspect foam concentrate			=	is no seriou	ıs corrosio	n		
11. Record any comments ab								
Y =Satisfactory N =Uns	atisfactory (e	explain belo	ow)	N/A=No	ot applicab	ile		
						-		
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



Quarterly Inspection

Year:	System:	
Location:		
Y =Satisfactory	N =Unsatisfactory (explain below) N/A =Not Applicable	
Date		
Inspector		
Inspect foam concent	rate strainers	
Inspect area beneath	and surrounding foam system to ensure adequate drainage	
Inspect system piping and condition of rubb	g and fittings for corrosion, misalignment, trapped sections, low point drains, er-gasketed fittings	
	supports for damage or missing parts; secure attachment to structural supports rust, corrosion, and missing or damaged protective coatings	
Comments		

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



Annual Inspection

Year:	System:
Y =Satisfactory	N=Unsatisfactory (explain below) N/A=Not Applicable
Date	
Inspector	
Foam-Water Sprinkl	
	free of corrosion, obstruction, foreign materials, and physical damage
Sprinkler Piping	
	good condition, free of damage, not corroded, not misaligned, and not subject ks
Pipe Hangers and Se	ismic Braces
	e neither damaged nor corroded
Gauges	
	e in good condition and normal water pressures are maintained
Comments	<u>'</u>

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

90



Quarterly Tests

Year:	System:			
Location:				
Y =Satisfactory	N=Unsatisfactory (explain below)	N/Δ =Not	Applicable	
Date	14-Offsatisfactory (explain below)	N/A-Not	Дрисавіс	
Inspector				+
Main Drain Test				
	vater supply pressure			
	in and allow water flow to stabilize			
Record the residual	l water supply pressure			
Close the main drai	n (slowly)			
Fire Alarm				
Test flow alarm by	y opening the test valve. Note "OK" in	box if alarm		
operated properly				
Exercise Valves				
	by fully closing and reopening. Replace	locks or seals.		
	if there are no problems.			
Control Valves				
•	lives until spring or tension is felt in the	operating rod.		
-	ter turn to prevent jamming.			
	w and yoke (OS&Y) valves or gear-opera	ited indicating		
-	not require quarterly testing.			
Comments		haliaa. ta laa		
= -	ents about the system that the inspector			
comment below	number in this block and number the	corresponding		
comment below				
Comment				
Comment				
				



Annual Test

Year:System:	
Location:	
Y=Satisfactory N=Unsatisfactory (explain below) N/A=Not Applicable	
Date	
Inspector	
Tip Test	
Test the tripping system by automatic detectors and/or manual station. Flow of water from the system is not required. (The water supply valve can be closed while checking the tripping system.) Record "OK" in this block if equipment operated properly. If equipment malfunctions, see that repairs are made immediately and briefly record them	
Test the detection system depending on the type of equipment installed	_
	_
Foam Concentrate	
Drain approximately 5 gal of foam concentrate and let it stand for several hours. Check bottom of container for scale. If scale is found, perform further inspection of tank to	
determine if tank cleaning is required. Foam concentrate may be returned to tank.	
Foam Concentrate Quality	
Withdraw a 1 pint sample into a metal container and send to the manufacturer for analysis.	
Attach report to this form	
Test Foam Concentrate Injection System	
Test foam concentrate injection system without injecting foam solution into the system	
piping	
Observe Discharge Pattern	
Ensure discharge devices are properly positioned and not blocked	
Clean Strainer	
Ensure blow-down valve is closed and plugged	
Check Foam Concentration	
Take sample during trip test. Concentration should be within 10 percent of acceptance test results	
Comments	

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



Annual Maintenance

Year:	System:
Location:	
Y =Satisfactory	N=Unsatisfactory (explain below) N/A=Not Applicable
Date	
Inspector	
Exercise Valves	
	ontrol valve through its full range and return it to its normal position. Reseal or relock
valves as approp	priate
Lubricate Valves	alves with graphite or a mixture of light oil and graphite
Lubricate ali va	ives with graphite of a mixture of light on and graphite
Comments	
	
-	
	

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