

ROUTINE INSPECTION CHECKLIST

Date of Inspection: _____

Inspector: _____

Date of last Inspection: _____

Property Information

Building Name: _____

Building Address: _____

Contact Person (Owner/Tenant): _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

On-Site Contact Name: _____ Phone: _____

Name of AHJ Inspector: _____

General

Yes No System being inspected one that was originally installed in accordance with NFPA 13
(If no, utilize NFPA 13D or 13R checklist)

Yes No Building altered/renovated since the last inspection

Yes No Occupancy classification changed since last inspection

If a storage occupancy, commodity classification:

Class I Class II Class III Class IV

Group A Group B Group C N/A

Yes No N/A If a storage occupancy, commodity classification changed since the last inspection

Yes No Storage height changed since last inspection and now exceeds 12 feet

Yes No System maintained in accordance with NFPA 25

Yes No Maintenance and testing records in good order

Sprinkler Type and Coverage

Type of sprinkler system: Wet Dry Preaction Deluge

Area of coverage:

Total Partial Special hazard Other _____

Yes No Sprinklers omitted in some areas

Yes No N/A If yes, omissions allowed per NFPA 13 at time of system installation

Yes No Spare sprinklers provided

Yes No Sprinkler wrench provided for each type of sprinkler

Yes No Hydraulic design information sign provided at valve

Fire Pump

Yes No N/A Fire pump provided

Type of fire pump: Electric Diesel Gasoline LPG/LNG Steam N/A

Yes No N/A Pump maintained and tested in accordance with NFPA 20



Sprinkler Components

- Yes No Sprinklers in place and properly orientated
- Yes No Sprinklers heads unobstructed
- Yes No All hangers, sleeves, braces, and methods of securing sprinklers in proper position and connected
- Yes No All control valves, check valves, drain pipes, and test connections in proper position and operational
- Yes No Standpipe risers, hose outlets, hand hose, monitor nozzles, and related equipment in proper position and operational
- Yes No N/A Pressure-reducing valves in place, in proper position, and operational
- Yes No N/A Backflow preventer valves in place, in proper position, and operational
- Yes No Manual activation means tested
- Yes No Main drain test conducted
- Yes No Main drain test indicated deterioration of the water supply
- Yes No N/A Dry pipe valve room heated

Fire Department Connection(s)

- Yes No Fire department connections identified
- Yes No Caps in place for each inlet
- Yes No Connections accessible

Alarms

- Yes No Water motor gong or electric bell working properly
 - Yes No Waterflow detecting devices tested and operational
 - Yes No N/A Waterflow signal notifies a receiving station
 - Yes No Supervisory switches and alarms tested and operational
- Type of supervision for valves: Fence Seal Chain and lock Electronic

Approval

Inspector: _____ Date: _____

System inspection considered satisfactory Yes No

If no, reason(s):

Notes: