

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: _____

General

- Yes No System being inspected one that was originally installed in accordance with NFPA 13D (If no, utilize NFPA 13 or 13R checklist)
- Yes No Building alteration/renovation since last inspection
- Yes No Occupancy classification changed since last inspection
- Yes No System maintained in good order

Sprinkler Type and Coverage

Type of sprinkler system: Wet Dry Anti-freeze

Area of coverage: Total Partial

- Yes No Sprinklers omitted in some areas
- Yes No N/A If yes, omissions allowed per NFPA 13D at the time of system installation
Omitted area(s) _____
- Yes No Hydraulic design information sign provided at the valve

Sprinkler Components

- Yes No Sprinklers in place and properly orientated
- Yes No Sprinkler 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 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 Drain test conducted
- Yes No Main drain test indicate any deterioration of the water supply
- Yes No N/A Dry pipe valve room heated

Fire Department Connection(s)

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



Alarms

Yes No N/A Water motor gong or electric bell working properly

Yes No N/A Waterflow detecting devices tested and operational

Yes No N/A Waterflow signal notifies a receiving station

Yes No N/A 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: