## **Automatic Sprinkler Systems**

## **Inspection, Testing, and Maintenance** of Preaction/Deluge Sprinkler Systems

Property Name:										Inspector:		
Pro	perty A	Addr	ess:							Contract No.:		
Pho	ne Nu	mbe	er:							Date:		
Thi	s Repo	rt Co	vers:			Monthly [		Quarterly		Annual		
						Three-Year [		Five-Year				
Ins	pection	ons										
Мо	nthly											
	Yes		No		N/A	Gauges—normal a	ir ar	nd water pressure	maintai	ned		
						<b>Control Valves</b>						
	Yes		No		N/A	In the correct (ope	n or	closed) position				
	Yes		No		N/A	Sealed, locked, or	supe	ervised				
	Yes		No		N/A	Accessible						
	Yes		No		N/A	Free from damage	or le	eaks				
	Yes		No		N/A	Proper signage						
						<b>Deluge Valve</b>						
	Yes		No		N/A	Exterior free of datchamber is not leal			in corre	ect open or closed position, and intermediate		
Qua	arterly											
	Yes		No		N/A	Alarm devices—fr	ee o	f damage				
	Yes		No		N/A	Hydraulic data nar	nepl	ate—securely att	ached to	riser/legible		
						Fire Department	Con	nections				
	Yes		No		N/A	Visible and access	ible					
	Yes		No		N/A	Coupling/swivels	per	ate correctly				
	Yes		No		N/A	Plugs/caps are in p	lace					
	Yes		No		N/A	Gaskets are not da	mag	ed				
	Yes		No		N/A	Identification signs	s are	in place				
	Yes		No		N/A	Check valve is not	leak	ring				
	Yes		No		N/A	Ball drip is function	nal					
	Yes		No		N/A	FDC clapper is fur	ctio	nal				
						Pressure Reducin	g Va	alve				
	Yes		No		N/A	In the open positio	n/no	ot leaking				
П	Yes	П	No	П	N/A	Maintaining down	strea	ım pressure				

## Form 7

	Yes		No		N/A	In good condition	
Annual Sprinklers							
	Yes		No		N/A	No damage or leaks	
	Yes		No		N/A	Free of corrosion, foreign material, or paint	
	Yes		No		N/A	Installed in proper orientation	
	Yes		No		N/A	Fluid in glass bulbs	
	Yes		No		N/A	Spare sprinklers—proper number and type. Complete with wrench?	
	Yes		No		N/A	Hangers and seismic bracing—not damaged or loose	
						Pipes and Fittings	
	Yes		No		N/A	In good condition/no external corrosion	
	Yes		No		N/A	No leaks or mechanical damage	
	Yes		No		N/A	Correct alignment—no external loads	
	Yes		No		N/A	Preaction/deluge valve interior inspection following trip test	
	Yes		No		N/A	Building—prior to onset of freezing weather—all openings are closed, no water filled pipe is exposed to freezing temps	
Five	e- Year	•					
	Yes		No		N/A	Obstruction inspection—no foreign or obstructing material found	
	Yes		No		N/A	Check valve—internal moves freely, in good condition	
	Yes		No		N/A	Preaction/deluge valve strainers, filters, restricted orifices, and diaphragm chambers internal inspection	
Tes	st						
	arterly						
	Yes		No		N/A	Alarm devices—water motor gong	
	Yes		No		N/A	Main drain test—if the sole supply is through a backflow preventer or pressure reducing valve	
						Static psi Residual psi	
	Yes		No		N/A	Do results differ by more than 10% from previous test?	
	Yes		No		N/A	Priming water—test level	
	Yes		No		N/A	Low air alarm—test per manufacturer's instructions	
Ser	ni-annı	ual					
	Yes		No		N/A	Supervisory switch functions	
	Yes		No		N/A	Alarm devices—inspectors test or bypass opened/observed waterflow	
Anr	nual						
	Yes		No		N/A	Main drain test Static psi Residual psi	
	Yes		No		N/A	Do results differ by more than 10% from previous test?	

## Form 7

	Yes		No		N/A	All control valves operated through full range of motion and returned to normal position	
						Full Flow Trip Test	
	Yes		No		N/A	Unobstructed discharge from all nozzles	
	Yes		No		N/A	Pressure reading at preaction/deluge valve	
	Yes		No		N/A	Pressure reading at most remote nozzle or sprinkler: psi	
	Yes		No		N/A	Air maintenance device functions	
	Yes		No		N/A	Correctly?	
	Yes		No		N/A	Backflow test	
	Yes		No		N/A	Backflow full flow test	
Thr	Three-Year						
	Yes		No		N/A	Full flow trip test (if not performed annually)—record pressures as indicated above	
	Yes		No		N/A	Results compared to previous results	
Five-Year							
	Yes		No		N/A	Gauges tested or replaced	
	Yes		No		N/A	Pressure reducing valve)—flow test and comparable to previous results	
Routine Maintenance							
	Yes		No		N/A	Sprinklers/pilot sprinklers tested or replaced per appropriate testing schedule	
Comments							
Signature: Date:					Date:		
License/Certification No.:							