

Water Spray Systems Inspection, Testing, and Maintenance of Water Spray Systems

Name of Property: _____ Inspector: _____

Address: _____ Contract No.: _____

Phone Number: _____ Date: _____

This Report Covers: Monthly Quarterly
 Five-Year Annual

Inspection

Monthly

Control Valves

- Yes No N/A In the correct (open or closed) position
- Yes No N/A Sealed, locked, or supervised
- Yes No N/A Accessible
- Yes No N/A Free from damage or leaks
- Yes No N/A Proper signage

Deluge Valve

- Yes No N/A Exterior—free of damage, trim valves are in correct (open or closed) position, and intermediate chamber is not leaking

Nozzles

- Yes No N/A In place, pointed in the intended direction, and free from external loading and corrosion
- Yes No N/A Blow-off cap (if required) in place and free to operate

Quarterly

- Yes No N/A Drainage—area beneath and around the water spray system such as drainage trenches and trap sumps are not blocked

Pipe and Fittings

- Yes No N/A Free of mechanical damage
- Yes No N/A Missing or damaged paint or coatings
- Yes No N/A Free of corrosion or paint
- Yes No N/A Misalignment or trapped sections
- Yes No N/A Low point drains not damaged or corroded
- Yes No N/A Location of rubber gasketed fittings

Hangers and Supports

- Yes No N/A Missing or damaged paint or coating
- Yes No N/A Free of rust or corrosion

Form 25

- Yes No N/A Securely attached to structure and piping
- Yes No N/A Damaged or missing
- Yes No N/A Detection system inspected in accordance with NFPA 72

Five-Year

- Yes No N/A Strainer basket removed and inspected for corrosion

Test

Quarterly

- Yes No N/A Alarm devices—water motor gong
- Yes No N/A Main drain test—if sole supply is through a backflow preventer
Static psi _____ Residual psi _____
- Yes No N/A Do results differ by more than 10% from previous test?
- Yes No N/A Deluge valve priming water—test level
- Yes No N/A Low air alarm—test per manufacturer’s instructions

Semi-annual

- Yes No N/A Supervisory switch functions
- Yes No N/A Alarm devices—inspector’s test or bypass opened/observed waterflow

Annual

- 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
- 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 most remote nozzle: _____ psi
- Yes No N/A Nozzle spray patterns and direction verified
- Yes No N/A Air maintenance device functions correctly

System Response Time

- Yes No N/A Heat detection responded in _____ sec
- Yes No N/A Flammable gas detection responded in _____ sec
- Yes No N/A Mainline strainer flushed after trip test
- Yes No N/A Backflow preventer/backflow test
- Yes No N/A Detection system tested in accordance with NFPA 72

Maintenance

Annual

- Yes No N/A Deluge valve interior cleaned and parts replaced or repaired as needed
- Yes No N/A Control valve stem lubricated and valve operated through its full range of motion
- Yes No N/A Strainers cleaned in accordance with manufacturer's instructions
- Yes No N/A Detection systems maintained in accordance with NFPA 72
- Yes No N/A Sprinklers/pilot sprinklers/automatic spray nozzles tested or replaced per appropriate testing schedule

Comments

Signature: _____

Date: _____

License/Certification No.: _____