Form 27

Foam-Water Sprinkler Systems
Weekly Inspection

This form covers a 6-month period.

Year: _____ **System:** _____

Location: _____

1. If valves are sealed, note "yes" in this block. If any are not sealed, reseal and note "resealed" in this block.

2. 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 "notes."

3. Note "OK" in block if all caps are properly installed. If not, see that corrections are made and briefly describe under "notes." Note "NA" if caps or plugs are not required.

4. Record any notes about the system that the inspector believes to be significant.

Date	Inspector	Valves Sealed (1)	Sprinklers OK (2)	Plugs/Caps Installed (3)	Notes (4)