

Foam-Water Sprinkler Systems Annual Tests

Date: _____ Inspector: _____ System: _____

Location: _____

Y = Satisfactory

N = Unsatisfactory (explain below)

	Y	N	Notes
Clean Strainer Ensure blow-down valve is closed and plugged.	<input type="checkbox"/>	<input type="checkbox"/>	
Check Foam Concentration Take sample during trip test. Concentration should be within 10% of acceptance and test results.	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Notes: 			