Form 35

Water Mist Systems
Weekly Inspection

This form covers a 6-month period.

Year: _____ **System:** _____

Location: _____

1. Check that water tank is full if water level not supervised.
2. Check air pressure gauge to confirm that adequate air pressure is being maintained.
3. Check air pressure gauge to confirm that adequate air pressure is being maintained by the compressor.
4. Record any notes about the system that the inspector believes to be significant.

Y = Satisfactory **N** = Unsatisfactory (explain below)

Date	**Inspector**	**Water Level** (1)	**Air Tank Pressure** (2)	**Air Compressor** (3)	**Notes** (4)