

MAINTENANCE INSPECTION RECORD

Sprinkler Systems - Inspect Every 3 Months

CHECK POINTS	COMPONENT	CORRECTIVE ACTIONS	OK	Corr. Req.	N/A
FIRE DEPARTMENT CONNECTION					
1. Inlet caps missing.		1. Inspect interior, replace.			
2. Couplings damaged.		2. Repair or replace.			
3. Couplings do not rotate smoothly.		3. Lubricate			
4. Gaskets missing or deteriorated.		4. Replace.			
5. Clapper valves do not close completely.		5. Repair.			
6. Visible or exterior obstructions.		6. Remove.			
7. Not identified.		7. Replace, repair or install sign.			
CONTROL VALVES					
1. Valves leak.		1. Repair.			
2. Valve not secured in open position.		2. Open, secure.			
3. Visible or exterior obstructions.		3. Remove.			
RISER					
1. Leaks.		1. Repair.			
2. Visible or exterior obstructions.		2. Remove.			
3. Bracing damaged.		3. Repair.			
GAUGES					
1. Gauges damaged.		1. Repair or replace.			
2. Gauge valves turned off.		2. Turn on.			
3. System pressure.		3. Record.			
4. Supply pressure.		4. Record			
SPRINKLERS					
1. Leaking corroded or painted.		1. Replace.			
2. Flow obstructed.		2. Correct.			
3. Installed in correct position (upright or pendant).		3. Correct.			

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CHECK POINTS	COMPONENT	CORRECTIVE ACTIONS	OK	Corr. Req.	N/A
SPRINKLERS					
4. Extra sprinklers and wrench not available.	4. Provide.				
5. Extra sprinklers not the same orifice size or temperature rating as in system.	5. Provide.				
GRAVITY TANK, SUCTION TANK AND RESERVOIR SUPPLY					
1. Vessel damaged.	1. Repair.				
2. Water level inadequate.	2. Fill. Repair.				
PRESSURE TANK SUPPLY					
1. Tank damaged.	1. Repair.				
2. Water level too high or position.	2. Fill or drain. Repair.				
3. Air pressure level low.	3. Fill. Repair.				
4. Valves closed.	4. Open.				
DETECTION DEVICES					
1. Air piping damaged.	1. Repair.				
2. Heat actuation devices damaged.	2. Repair or replace.				
3. Electrical wiring damaged.	3. Repair.				
FOAM EQUIPMENT					
1. Strainers dirty.	1. Clean.				
2. Foam level low.	2. Fill.				
EXPLANATION AND LOCATION OF CORRECTION/S:					

Signature of Inspector: _____

Date Inspected: _____ Area (Floors) Inspected: _____