FIRE SPRINKLER SYSTEM
REPORT OF INSPECTION

Report To _____ Building or Location _____
Street _____ Inspector _____
City & State _____ Date _____

		YES	N/A	NO
1.	General			
	a. Is the building occupied according to information furnished by owner or owner's representative?			
	b. Is occupancy same as previous inspection according to information furnished by owner or owner's representative?			
	c. Are all systems in service?			
	d. Are all fire protection systems same as last inspection according to information furnished by owner or owner's representative?			
	e. Is building completely sprinklered?			
	f. Are all new additions and building changes properly protected according to information furnished by owner or owner's representative?			
	g. Is all stock or storage properly below sprinkler piping?			
	h. Was property free of fires since last inspection according to information furnished by owner or owner's representative?			
	i. In areas protected by wet system, does the building appear to be properly heated in all areas, including blind attics, perimeter areas and are all exterior openings protected against entrance of cold air?			
2.	CONTROL VALVES (See section 16)			
	a. Are all sprinkler system main control valves open?			
	b. Are all other valves in proper position?			
	c. Are all control valves in good condition and sealed or supervised?			
3.	WATER SUPPLIES (See section 17)			
	a. Was a water flow test made and results satisfactory?			
4.	TANKS, PUMPS, FIRE DEPT. CONNECTIONS			
	a. Are fire pumps, gravity tanks, reservoirs and pressure tanks in good condition and properly maintained?			
	b. Are fire dept connections in satisfactory condition, coupling free, caps in place and check valves tight?			
5.	WET SYSTEMS (See Section 13)			
	a. Are cold-weather valves open or closed as necessary?			
	b. Have anti-freeze systems been tested and left in satisfactory condition?			
	c. Are alarm valves, water-flow indicators and retards in satisfactory condition?			
6.	DRY SYSTEMS (See Section 14)			
	a. Is dry valve in service and in good condition?			
	b. Is air pressure and priming water level normal?			
	c. Is air compressor in good condition?			
	d. Were low points drained during fall and winter inspections?			
	e. Are quick-opening devices in service?			
	f. Have dry valves been trip tested satisfactorily as required?			
	g. Are dry valves adequately protected from freezing?			
	h. Are valve house and heater condition satisfactory?			
7.	SPECIAL SYSTEMS (See Section 18)			
	a. Were all heat responsive systems tested and results satisfactory?			
	b. Were valves tested as required?			
	c. Were supervisory features tested and results satisfactory?			
8.	ALARMS			
	a. Are water motor and gong test satisfactory?			
	b. Is electric alarm test satisfactory? (Systems exceeding 100 sprinkler heads are required by State code to have central station monitoring)			
	c. Is supervisory alarm service test satisfactory?			

Date_____ Business name _____

9	SPRINKLERS – PIPING N/A NO			YES
	a. Are all sprinklers in good condition, not obstructed, and free of corrosion or loading?			
	b. Are all sprinklers less than 50 years old?			
	c. Are extra sprinklers readily available?			
	d. Is condition of piping, drain valves, check valves, hangers, pressure gauges, open sprinklers, strainers satisfactory?			
	e. Have sprinklers been checked for proper temperature rating?			
	f. Are portable fire extinguishers in good condition?			
	g. Is hand hose on sprinkler system satisfactory?			
10.	Date Dry-System Piping last checked for stoppage			
11.	Date Dry-System Piping last checked for proper pitch			
12.	Date Dry-pipe Valve last trip tested			
13.	Wet Systems: Make and Model			
14.	Dry Systems: Make and Model			
15.	Special System: Type Make and Model: Condition:			

			OPEN	SECURED	CLOSED	SIGNS	
16.	CONTROL VALVES Condition	No?	TYPE?	Y or N	Y or N	Y or N	Y or N
	City Connection Control Valve						
	Tank Control Valve						
	Pump Control Valve						
	Sectional Control Valves						
	System Control Valve						

17.	WATER FLOW TEST			
	Water-Pressure?	City _____ PSI	Tank _____ PSI	Fire Pump _____ PSI
	Water-flow Test?	OK □	(if none made, why?)	

Test Pipe Located	Size Test Pipe	Pressure Before	Flow Pressure	Pressure After

18.	Heat Responsive Devices: Type?		Type of test?
	Valve # A B C D E F	Valve # A B C D E F	
	Valve # A B C D E F	Valve # A B C D E F	
	Valve # A B C D E F	Valve # A B C D E F	
	Valve # A B C D E F	Valve # A B C D E F	
	Auxiliary equipment: No? Type?	Location?	Test results?

19.	Explanation of any "NO" answers/Comments
20.	Recent changes in building occupancy or fire protection equipment.
21.	Adjustments or corrections made.
22.	Desirable improvements.

DUPLICATE TO: ISO of Minnesota and the City of Blaine