

**FIRE SPRINKLER SYSTEMS
MONTHLY AND QUARTERLY INSPECTION FORM**

DATE: _____

Agency: _____

Building: _____

Address: _____

Name (PRINT): _____

Signature: _____

SYSTEM TYPE:

WET

DRY

Monthly Inspections

Comment on all "No" answers

1. Control Valves:

Is the valve open?

Yes No _____

Are chains-and-locks or tamper switches in good condition?

N/A Yes No _____

2. Gauges:

Are gauges showing pressure?

Yes No _____

Do gauges appear to be in good condition?

Yes No _____

3. Alarm or Dry Valves:

Is the piping in good condition with no leaks?

Yes No _____

4. Spare Sprinkler Box:

Does the box have sprinklers in it?

Yes No _____

Is there a sprinkler wrench?

Yes No _____

Quarterly Inspections (includes Monthly)

1. Hydraulic Data Plate:

Is the plate or sticker on the riser and legible?

Yes No _____

2. Water flow or Pressure Switch:

Do the switches appear to be in good condition?

Yes No _____

3. Fire Department Connection:

Is it visible, accessible, undamaged, with sign?

Yes No _____

Do caps rotate freely?

Yes No _____

Alternate: Are breakaway caps in place?

Yes No _____

Trash, dirt, insects removed?

N/A Yes No _____