



Information Bulletin

NUMBER 4

Water-Based Extinguishing Systems Self-Inspection Checklist

Water Supplies

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Water flow test made and results satisfactory?
When? _____ By Whom? _____ | <input type="checkbox"/> | <input type="checkbox"/> |

Fire Department Connections

- | | | |
|---|--------------------------|--------------------------|
| 2. Fire department connections in satisfactory condition, couplings free, caps in place and check valves tight? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Accessible? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Location(s) identified? | <input type="checkbox"/> | <input type="checkbox"/> |

Control Valves

- | | | |
|--|--------------------------|--------------------------|
| 5. Sprinkler system main control valve(s) open and protected from tampering? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Other valves in good condition and in proper position? | <input type="checkbox"/> | <input type="checkbox"/> |

Sprinklers – Piping

- | | | |
|--|--------------------------|--------------------------|
| 7. Sprinkler heads in good condition, not obstructed and free of corrosion or leaking? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Sprinkler heads less than 50 years old? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Adequate number of proper heat-rated extra sprinkler heads available, with wrench? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Condition of piping, drain valves, hangers, pressure gauges satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. System drains to a safe location? | <input type="checkbox"/> | <input type="checkbox"/> |

Wet Systems

- | | | |
|---|--------------------------|--------------------------|
| 12. Cold-weather valves open or closed, as necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Anti-freeze system(s) tested and left in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Water pressure (PSI) observed above and below main system check valve?
Registered PSI above _____ Registered PSI below _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Building properly heated in blind attics and perimeters and openings protected against entrance of cold air? | <input type="checkbox"/> | <input type="checkbox"/> |

Dry Systems

- | | | |
|---|--------------------------|--------------------------|
| 16. Dry valve in service and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

- | | Yes | No |
|---|--------------------------|--------------------------|
| 17. Dry valve trip-tested satisfactorily as required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Valve house and heater condition satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Air pressure and priming water level proper?
Air pressure _____PSI Water pressure _____PSI | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Air compressors in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Low points drained during Fall and Winter inspections? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Quick opening devices provided and in service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. Piping checked for obstructions within the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |

Alarms

- | | | |
|--|--------------------------|--------------------------|
| 24. Water motor gong test satisfactory?
Date _____ By Whom? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Electric Alarm test satisfactory?
Date _____ By Whom? _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Supervisory alarm service test satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> |

General

- | | | |
|---|--------------------------|--------------------------|
| 27. Building completely sprinklered?
If not, % sprinklered _____% | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. All systems in service? | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. New additions and building changes properly protected? | <input type="checkbox"/> | <input type="checkbox"/> |
| 30. Floor drains provided and unobstructed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 31. Stock/storage properly below sprinkler piping? | <input type="checkbox"/> | <input type="checkbox"/> |
| 32. Fire pumps, gravity tanks, reservoirs and pressure tanks in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |

Comments

Inspected By: _____ Date: _____

This bulletin is intended only as a reminder and is offered solely as a guide to assist management in its responsibility of providing a safer working environment. This bulletin is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe acts or hazardous conditions should also be noted and corrective action taken.