

Inspection of Specialized Systems

SPRINKLERS		Inspect These Items At Least Weekly								
		Automatic Sprinklers	Spare heads available <input type="checkbox"/> Yes <input type="checkbox"/> No			Obstructed by high piling (18- to 36- in. (46 – to 91- cm) clearance)? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Heat adequate to prevent freezing (40° F (4°C) min.)? (Note broken windows, etc.) min. temp.			Water Pressure	Pounds (Kilograms) at yard level:				
		Any heads disconnected or needed:			Comments:					
DRY-PIPE VALVES		Valve Room Properly Heated?	No 1 Min.: 42°F/6°C	Measured: F/C	No 2 Min.: Measured: 42°F/6°C	F/C	No 3 Min.: 42°F/6°C	Measured: F/C	No 4 Min.: Measured: 42°F/6°C	F/C
		Air Pressure	No 1 Min.: lbs./kg	Measured: lbs./kg	No 1 Min.: Measured: lbs./kg	lbs./kg	No 1 Min.: Measured: lbs./kg	lbs./kg	No 1 Min.: Measured: lbs./kg	lbs./kg
WATER SUPPLIES		Fire Pump	Fire pump pressure: Start Stop			Packings cool? <input type="checkbox"/> Yes <input type="checkbox"/> No				
			Jockey pump pressure: Start Stop			Fuel tank level (3/4 min.)				
			Pump room properly heated? (° F/C min.) Temp ° F/C			Properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire pump started on automatic? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Tank or Reservoir	Full? <input type="checkbox"/> Yes <input type="checkbox"/> No			Time to overflow tank: MINS:		Heating system in use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Temp. at cold water return (should be 42°F (6°C) min.):			Circulation good? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Inside Hose	In good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Fire Doors		Condition:		Close properly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Obstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blocked open? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OCCUPANCY		General Order Neatness	Good? <input type="checkbox"/> Yes <input type="checkbox"/> No			Combustible waste removed on schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		How often?		
			Presence of combustible dust, lint or oil deposits on ceilings, beams, machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, arrange for cleaning and investigate the source			List areas needing attention, including yard:				
		Electrical Equipment	Defects noted? <input type="checkbox"/> Yes <input type="checkbox"/> No							
		Flammable Liquid	Safety cans used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Low-level vent fans on? <input type="checkbox"/> Yes <input type="checkbox"/> No		Flammable liquid cabinets used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grounding straps, self-closing faucets and safety buns in use? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Smoking Regulations	Locations where violations noted:			Corrective action taken:				
		Hot Work	Permits issued for all hot work applications? <input type="checkbox"/> Yes <input type="checkbox"/> No			Listed precautions taken? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Storage	Well-arranged? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aisles clear? <input type="checkbox"/> Yes <input type="checkbox"/> No		Clear of lamps, heaters (36 in. (91 cm) min.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other items:										
Inspect These Items At Least Monthly										
MANUAL PROTECTION		Extinguishers	Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any missing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of extinguishers needing attention:	
		Yard Hydrants & Hose	Condition:			No. 1 No. 2	No. 3 No. 4	No. 5 No. 6	NO. 7	
		Hydrants drained? <input type="checkbox"/> Yes <input type="checkbox"/> No			Remarks:					
Other items:										
Inspect These Items At Least Quarterly										
Sprinkler Alarms		Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No			Time for Alarm		Operation satisfactory? (If no, comment below) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other items:										
Inspected by:								Date:		
Reviewed by:						Title:		Date:		