

WET SPRINKLER SYSTEM ANNUAL INSPECTION & TESTING (Health Care & Ambul)

See the last page for **Footnotes** on inspection & test requirements. NFPA 25 (1998) code ref § shown in italic

All items on this form must be completed.

DATE STARTED: _____
DATE COMPLETED: _____

1. SERVICE ORGANIZATION

Name: _____
Address: _____
License No: _____
Telephone: _____
Lead Inspector: _____

2. PROPERTY NAME (USER)

Name: _____
Address: _____
Owner Contact: _____
Telephone: _____

Qualification of Lead Inspector: Factory Trained State Certified Local Certified Owner Other
(Attach Credentials of all on-site inspectors); per §1 -5 *Inspection, Testing & Maintenance Service*

3. CHANGE NOTIFICATION BY OWNER:

- | <u>Yes</u> | <u>No</u> | |
|--------------------------|--------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | In the past year, has there been any change... (§1-4.5) |
| <input type="checkbox"/> | <input type="checkbox"/> | ... of occupancy, use of space, or the materials stored in the building? |
| <input type="checkbox"/> | <input type="checkbox"/> | ... Building revisions, such as relocated or new walls? |
| <input type="checkbox"/> | <input type="checkbox"/> | ... Removal of heating systems in spaces with piping subject to freezing? |

4. SPRINKLER INVENTORY

	Number of sprinklers installed prior to 1920?
	Number of Quick Response sprinklers older than 20 yrs? (must sample test now)
	Number of Standard sprinklers older than 50 yrs? (must sample test now)

5. VISIBLE INSPECTIONS

- | Pass | Fail | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Visible Sprinklers: Free of Damage, Foreign Material & corrosion, §2-2.1.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Visible Sprinklers: Check for obstructions to Flow Pattern, §2-2.1.2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Wrench in Cabinet, fits all spares, §2-2.1.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | Spares: 2 of each type, temperature, §2-4.1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Visible Pipe: Free of damage, leaks, corrosion, exterior load, correct alignment, §2-2.2 |
| <input type="checkbox"/> | <input type="checkbox"/> | Visible Hangers: Free of Damage, not Loose, §2-2.3 |
| <input type="checkbox"/> | <input type="checkbox"/> | Building: Areas subject to freezing adequately protected, §2-2.5 |

E. Strainer Tests, §4-2.2.3

Not Applicable (no strainers)

	1	2	3	4	5	6	7	8	9
System ID									
Type Sys ⁴									
Operated									
Clean									
Corrosion									
Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Back Flow Preventer Tests, §9-6.2

Not Applicable (no back flow preventers)

	1	2	3	4	5	6	7	8	9
Back Flow ID									
Type Sys ⁴									
Bldg Location									
Operated									
Flow Rate									
Report Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FOOTNOTES FOR THE SPRINKLER MAINTENANCE REPORT FORM

If a topic is not applicable, enter "N/A", plus a description of why it is N/A.

All lines on form must be completed. Beware of entries, such as "not inspected", or "by others". All components of the entire system must be inspected by the due date. If a single vender only inspected a portion of the system, the vender should include test reports for the balance of the system that showed the other portion was inspected by the required date. Failure to do this may result in a deficiency citation.

All code references per NFPA 25 (1998) unless otherwise shown

Footnote #

1	If devices do not exist in this system, enter "0" in the quantity.
2	Visible inspection of the device; <i>If all items shown are Acceptable, place 'check' in box; If Fail, place 'F' next to box.</i>
3	Functional testing of the device; <i>If all items shown are Acceptable, place 'check' in box; If Fail, place 'F' next to box.</i>
4	Type System: Use the following codes, W=Wet, D=Dry, P=Preaction, A=Anti-Freeze, S=Standpipe