

Appendix B Forms for Inspection, Testing, and Maintenance

This appendix is not a part of the requirements of this NFPA document but is included for informational purposes only.

Forms need to be complete with respect to the requirements of NFPA 25 for the system being inspected, tested, or maintained, or any combination thereof. Since water-based fire protection systems are comprised of many components, it might be necessary to complete more than one form for each system.

Authorities having jurisdiction are legitimately concerned that the forms used are comprehensive. Therefore, they might develop their own forms or utilize those already developed and reviewed by their jurisdiction.

At least four formats can be used and are described as follows:

(a) All requirements for NFPA 25 are specified in one form having large sections of information that do not apply to most systems.

(b) Individual forms provide requirements corresponding to each chapter of NFPA 25. These forms address the following:

1. Sprinkler systems
 2. Standpipe systems
 3. Private fire service mains
 4. Fire pumps
 5. Storage tanks
 6. Water spray systems
 7. Foam-water sprinkler systems
- These forms include information from the specific system chapter: Chapter 1, Chapter 9, and Chapter 10.

(c) A series of forms similar to option (b) but with a more detailed breakdown of system types. For example, fire sprinkler systems are divided into five separate forms.

1. Wet pipe fire sprinkler systems
2. Dry pipe fire sprinkler systems
3. Preaction fire sprinkler systems
4. Deluge fire sprinkler systems
5. Foam-water sprinkler systems

(d) Separate forms for each individual component of each fire protection system.

Figures B-1 through B-15 are examples of forms that have been developed.

Figure B-1 AFSA Report of Inspection (Information Section) Form.

Report of Inspection of Water Based Fire Protection Systems



Information Section

Inspecting agency:	Inspector:	Inspection contract #			
Date of this inspection:	Completed by:				
Occupant business name:					
Street address:					
City:	State:	Zip:			
Phone:	Fax:				
Contact person name:					
Position:	Authority to approve work?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">Y</td> <td style="width: 30px; text-align: center;">N/A</td> <td style="width: 30px; text-align: center;">N</td> </tr> </table>	Y	N/A	N
Y	N/A	N			
Name of property owner:					
Property owner's address:					
City:	State:	Zip:			
Phone:	Fax:				
Responsible party name:		Position:			
Name of supervisory alarm company:		Phone:			
Date of last inspection:	Prior inspector's name:				

	Y	N/A	N
1. All prior inspection reports, logs and test data are available for review?			
2. Plans of systems on site for review?			
3. Modifications made to systems fully reviewed and documented?			
4. Reports of sprinkler action fully reviewed and documented?			
5. Copy of NFPA 25 on file?			
6. Weekly logs of inspections required by NFPA 25 on file?			
7. Is the occupancy and hazard the same reported on last inspection?			
8. All deficiencies reported at last inspection corrected?			
9. MS data sheets reviewed and hazards to inspector removed?			

(Use separate sheet for additional information as may be needed. All "NO" answers to be fully explained.)
Form 94-104A should be completed by the Inspecting Firm/Contractor and provided to the Owner.

Comments:

The owner and/or designated representative acknowledges the responsibility of the operating condition of the component parts at the time of this inspection. It is agreed that the inspection service provided by the contractor as prescribed herein is limited to performing a visual inspection and/or routine testing, and any investigation or unscheduled testing, modification, maintenance, repair etc., of the component parts is not included as part of the inspection work performed. It is further understood that all information contained herein is provided to the best of the knowledge of the party providing such information.

Owner/designated representative:	Date:
Inspector's signature:	Date:



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Figure B-2 AFSA Report of Inspection (Inspector's Information Section) Form.

Report of Inspection of Water Based Fire Protection Systems



Inspector's Information Section

Inspecting firm: (contractor)	Inspection contract #
Street address:	
City:	State:
Phone:	Fax:
Inspector name:	Date:
Property name: (refer to Form 103A)	

This report contains information resulting from a visual inspection of the following types of **Water Based Fire Protection Systems**: (please check all that apply)

Form Description	Form #	
Report of inspection (Information section)	103A	Cover sheet
Report of inspection (Inspector's section)	104A	Cover sheet
Weekly report of inspection	105A	No. of systems
Wet pipe fire sprinkler system – inspection/testing/maintenance	106A	No. of systems
Dry pipe fire sprinkler system – inspection/testing/maintenance	107A	No. of systems
Wet standpipe system – inspection/testing/maintenance	108A	No. of risers
Dry pipe standpipe system – inspection/testing/maintenance	109A	No. of risers
Fire pump – inspection/testing/maintenance	110A	No. of pumps
Underground fire main – inspection/testing/maintenance	111A	-----
Water reservoir, tank, pond, etc. – inspection/testing/maintenance	112A	Reservoir cap
Preaction fire protection system – inspection/testing/maintenance	113A	No. of systems
Deluge fire protection system – inspection/testing/maintenance	114A	No. of systems
Water - foam fire protection system – inspection/testing/maintenance	115A	No. of systems
Foam fire protection system – inspection/testing/maintenance	116A	No. of systems
Other components description		

The scheduled visual inspection is to be performed as indicated below. The inspector is to complete all questions and review the results of this inspection and any recommendations, corrections, testing, maintenance, etc., with the owner.
All "NO" answers are to be fully explained in detail.

Scheduled inspection: (circle one) Weekly: Monthly: Quarterly: Annually:

Recommendations:

Note: There are scheduled periodic testing and maintenance tasks that must be conducted for the continuous reliability of the fire protection system. These should be performed at the intervals indicated in NFPA 25 standard. This information is being provided as a matter of courtesy. These tasks should only be performed by properly trained personnel using proper equipment.

The owner's or designated representative's signature shall be obtained acknowledging receipt of this report.
 (Each page shall be initialed and dated by the owner or designated representative and inspector.)

Owner/designated representative: _____ Date: _____

Inspector's signature: _____ Date: _____



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Figure B-3 AFSA Weekly Report of Inspection of Water Based Fire Protection Systems.



Weekly Report of Inspection of Water Based Fire Protection Systems

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

This form is being offered to assist in the performance and recording of the results of Weekly Scheduled Inspection Tasks of the various types of Fire Sprinkler Systems and component parts as listed below.

Inspecting firm: _____
 Name of property: _____
 Inspector name: _____ Date: _____
 Page of _____

Wet Sprinkler and Standpipe Systems:

A-1.1 Spkr. supply gauge: psi				
A-1.2 Spkr. system gauge: psi				
A-1.3 Stpipe supply gauge: psi				
A-1.4 Stpipe system gauge: psi				
A-1.5 Stpipe (top flr) gauge: psi				
	Y	N/A	N	
A-2.0 System in service on inspection:				
A-2.1 Spkr. control valves sealed open:				
A-2.2 Stpipe control valves sealed open:				
A-3.1 Trim piping leak tight:				
A-4.1 Backflow asmb. valves sealed open:				
A-5.1 Control valves accessible:				
A-8.1 Signage/identification tags in place:				
A-9.1 Alarm panel clear:				
A-9.2 Systems left in service:				
A-10.1 Comments:				

Dry Pipe Sprinkler System:

B-1.1 Air pressure gauge: psi			
B-1.2 Accelerator gauge: psi			
B-1.3 Water pressure gauge: psi			
	Y	N/A	N
B-2.0 System in service on inspection:			
B-2.1 Compressor operational:			
*B-2.2 Oil level full:			
B-3.1 Control valve sealed open:			
B-3.2 Control valves accessible:			
B-3.3 Alarm test valve closed:			
B-3.4 Alarm line valve open:			
B-4.1 Intermediate chamber leak tight:			
B-4.2 Low point drum drips drained: (as frequently as needed)			
B-5.1 Valve enclosure secured:			
*B-5.2 Low temperature alarm operational:			
B-5.3 Heater operational:			
B-8.1 Signage/identification tags in place:			
B-9.1 Alarm panel clear:			
B-9.2 System left in service:			
B-10.1 Comments:			

* The inspection tasks noted with an asterisk (*) are required to be performed on a monthly frequency schedule; however, due to varying conditions that may exist on any individual project, it is suggested that these tasks be performed on a weekly frequency schedule.

Fire Dept. Connection:

	Y	N/A	N
*C-1.1 Caps or plugs on FDC:			
*C-1.2 Swivel rotation nonbinding:			
*C-2.1 FDC location plainly visible:			
*C-2.2 FDC easily accessible:			
*C-2.3 FDC identification plate in place:			
*C-3.1 Ball drip drain leak tight:			
*C-4.1 Wall hydrant plainly visible:			
*C-4.2 Wall hydrant easily accessible:			
*C-4.3 Wall hydrant identification plate in place:			
*C-10.1 Comments:			

Sprinkler Heads:

	Y	N/A	N
*D-1.1 Extra heads in spare head cabinet:			
*D-1.2 Heads appear of proper temperature:			
*D-1.3 Head wrench for each type of head:			
*D-2.1 Head in cooler appears free of ice, corrosion:			
*D-2.2 Head appears free of leakage or damage:			
*D-2.3 Head appears free of paint:			
*D-2.4 Heads appear free of non-approved coverings:			
*D-3.1 Standard head less than 50 year:			
*D-3.2 Residential head less than 20 year:			
*D-3.3 Fast response heads 20 year:			
*D-3.4 High temperature heads 5 year:			
*D-10.1 Comments:			

(All "NO" answers to be fully explained.)

Inspector's initial _____ Owner/designated rep. initial _____ Date: _____

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Figure B-4 AFSA Report of Inspection and Testing of Water Based Fire Protection Systems.



Report of Inspection & Testing of Water Based Fire Protection Systems Monthly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(Weekly inspection tasks are included in this report.)

(There is not a scheduled monthly testing task requirement. See the quarterly schedule.)

Inspecting firm: (contractor) _____ Inspection contract # _____
 Name of property: _____
 Inspector name: _____ Date: _____
 Page of _____
 Inspection frequency: Monthly Quarterly Annually Other: _____

Wet Sprinkler System Inspection

	Y	N/A	N
A-1.1 Spkr. supply gauge: psi			
A-1.2 Spkr. system gauge: psi			
	Y	N/A	N
A-2.0 System in service on inspection:			
A-2.1 Spkr. control va. locked/tamper open:			
A-2.2 Stpipe control va. locked/tamper open:			
A-2.3 Backflow va. locked open/tamper:			
A-2.4 Anti-freeze system va. locked/tamper open:			
A-2.8 Tamper switches appear operational:			
A-3.1 Valve area accessible:			
A-3.2 Control valves accessible:			
A-4.1 Pressure regulating valve is open:			
A-4.2 Pressure regulating valve in good condition:			
A-4.3 Pressure reg. valve leak tight:			
A-4.4 Pressure reg. va. maintaining downstream pressure per design criteria:			
A-5.1 Pressure relief va. in closed position except when operational:			
A-5.2 Pressure relief va. in good condition:			
A-5.3 Pressure relief va. leak tight:			
A-5.4 Pressure relief va. maintaining upstream pressure per design criteria:			
A-6.1 Main check valve holding pressure:			
A-6.2 Alarm check va. exterior free of damage:			
A-6.3 Water flow switch operational:			
A-7.1 Trim piping leak tight:			
A-7.2 Retard chamber drip tight:			
A-7.3 Alarm drain drip tight when not operational:			
A-8.1 Trim valves in appropriate position:			
A-8.2 Alarm test line valve closed:			
A-9.1 FDC plainly visible:			
A-9.2 FDC easily accessible:			
A-9.5 FDC swivels non-binding rotation:			
A-9.6 FDC caps/plugs in place:			
A-9.7 FDC gaskets/signs in place:			
A-9.10 FDC check valve drip free:			
A-9.11 FDC ball drip drain drip free:			
A-10.1 Exterior alarms properly identified:			
A-10.2 Exterior alarms appear operational:			
A-10.5 Interior alarms appear operational:			
A-11.1 Extra heads in spare head cabinet:			
A-11.2 Heads appear of proper temperature:			
A-11.3 Head wrench for each type of head:			
A-11.6 Head in cooler appears free of ice, corrosion:			
A-11.7 Head appears free of leakage or damage:			
A-11.8 Head appears free of paint:			
A-11.9 Heads appear free of non-approved coverings:			
A-12.0 Standard head less than 50 year:			
A-13.0 Residential head less than 20 year:			
A-14.0 Watt hydrant plainly visible:			
A-14.1 Watt hydrant easily accessible:			
A-14.2 Watt hydrant identification plate in place:			
A-15.1 Hose/hydrant house free of damage:			
A-15.2 Hose/hydrant house fully equipped:			
A-15.3 Hose/hydrant house is accessible:			
A-16.1 Wet pipe areas appear properly heated:			
A-17.0 Alarm panel clear:			
A-18.0 System left in service:			
A-20.0 Comments:			

(All "NO" answers to be fully explained.)

Inspector's initial _____ Owner/designated rep. initial _____ Date: _____

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Annual Report of Inspection of Wet Sprinkler System

(Description of this form: These tasks are in addition to the monthly and quarterly tasks. Complete the monthly and quarterly reports AND this report as required for a total annual report of inspection. Visual inspection is defined as what can be observed from the floor level by an inspector. The use of binoculars is recommended for visual inspections in high buildings.)

	Y	N/A	N
D-1.1 Prior to freezing season, owner is responsible for bldg. to be in secure condition and properly heated:			
D-2.1 Visual inspection: hanger/seismic bracing appear attached and secure:			
D-3.1 Visual inspection: "exposed" piping appear in good condition:			
D-3.2 Piping appears free of mechanical damage:			
D-3.3 Piping appears free of leakage:			
D-3.4 Piping appears free of corrosion:			
D-3.5 Piping appears properly aligned:			
D-3.6 Piping appears free of external loads:			
D-4.1 Sprinklers appear free of corrosion:			
D-4.2 Sprinklers appear properly positioned:			
D-4.3 Sprinklers appear properly spaced:			
D-4.4 Sprinklers appear free of foreign material:			
D-4.5 Sprinkler spray patterns appear free of obstructions:			
D-10.0 Alarm panel clear:			
D-11.0 System in service:			
D-20.0 Comments:			

*** Provide additional pages if necessary to record the:
 Volume of flow _____ gpm,
 Supply side pressure _____ psi,
 System side pressure _____ psi.

Annual Testing & Maintenance Tasks that are in Addition to Other Frequency Tasks – For Wet Sprinkler System

	Y	N/A	N
E-1.1 Control valve lubricated:			
E-2.1 Control valve operated to closed position and returned to open position:			
F-1.1 Backflow assembly control valves lubricated:			
F-1.2 Backflow assemble valve operated and returned to open position:			
G-1.1 Post indicator valve operated with number of turns recorded: _____			
G-1.2 Post indicator valve returned to open position: (Valves left 1/4 turn from wide open)			
H-1.1 Antifreeze solution checked to provide adequate freeze protection: (protection temp: _____ °F)			

Test Frequency Items of 5 Years or Greater

H-2.0 Internal inspection last date (5 years): _____			
H-2.1 Alarm check valve:			
H-2.15 Flow tested pressure regulating control valves: ***			
H-2.2 Make:			
H-2.3 Model:			
H-2.4 Size: _____ Date: _____			
H-2.5 Check valve:			
H-2.6 Strainers:			
H-2.7 Filters:			
H-2.8 Trim orifices:			
H-2.9 Other:			
H-3.0 Gauge maintenance: date last tested (5 year): _____			
H-3.1 Replaced date:			
H-3.2 Calibrated date:			
J-1.0 Sprinkler maintenance test: (5 year)			
J-1.1 High temp. date: _____ (20 year, then 10 year thereafter)			
J-1.2 Fast response date: _____			
J-1.3 Residential head 20 year: (50 year, then 10 year thereafter)			
J-1.4 Standard sprinkler date: _____			
J-20.0 Comments:			

Figure B-5 AFSA Report of Inspection and Testing of Dry Pipe Fire Protection Systems.



Report of Inspection & Testing of Dry Pipe Fire Protection Systems Monthly and/or Quarterly Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

(Weekly inspection tasks are included in this report.)

(There is not a scheduled monthly testing task requirement. See the quarterly schedule.)

Inspecting firm: (contractor)	Inspection contract #
Name of property:	
Inspector name:	Date:
Page of	
Inspection frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:	

Dry Pipe Sprinkler System Inspection

	Y	N/A	N
A-1.1 Air pressure gauge: psi			
A-1.2 Accelerate or quick opening device gauge: psi			
A-1.3 Water pressure gauge: psi			
A-1.4 Water supply gauge: psi			
A-2.0 System in service on inspection:			
A-2.1 Dry pipe valve appears free of damage:			
A-2.2 Trim valves in appropriate position:			
A-2.3 Alarm test valve closed:			
A-2.4 Intermediate chamber leak tight:			
A-3.1 Valve enclosure secured:			
A-3.2 Heater operational:			
A-3.3 Low temperature alarm operational:			
A-4.1 Compressor operational:			
A-4.2 Oil level full:			
A-4.3 High/low pressure switches operational:			
A-4.4 Auto. air maint. devices operational:			
A-5.1 Control va. locked/tamper open:			
A-5.2 Backflow va. locked open/tamper:			
A-5.3 Tamper switches appear operational:			
A-5.4 Valve area accessible:			
A-5.6 Control valves accessible:			
A-5.7 Main check valve holding pressure:			
A-6.1 FDC plainly visible:			
A-6.2 FDC easily accessible:			
A-6.3 FDC swivels non-binding rotation:			
A-6.4 FDC caps/plugs in place:			
A-6.5 FDC gaskets/signs in place:			
A-6.6 FDC check valve drip free:			
A-6.7 FDC ball drip drain drip free:			
A-7.1 Exterior alarms properly identified:			
A-7.2 Exterior alarms appear operational:			
A-7.3 Interior alarms appear operational:			
A-8.1 Extra heads in spare head cabinet:			
A-8.2 Heads appear to be proper temperature:			
A-8.3 Head wrench for each type of head:			
A-8.6 Head in cooler appears free of ice, corrosion:			
A-8.7 Head appears free of leakage or damage:			
A-8.8 Head appears free of paint:			
A-8.9 Head appears free of non-approved coverings:			
A-9.0 Standard head less than 50 year:			
A-10.0 Residential head less than 20 year:			
A-11.1 Hose/hydrant house free of damage:			
A-11.2 Hose/hydrant house fully equipped:			
A-11.3 Hose/hydrant house is accessible:			
A-12.1 Wet pipe areas appear properly heated: (Wet SSP on dry pipe sys.?)			
A-13.1 Low point drum drips drained: (As frequently as needed)			
A-13.2 All low points drained:			
A-14.1 All valves identified with signage:			
A-14.2 Hydraulic nameplate attached:			
A-18.0 Alarm panel clear:			
A-19.0 System in service:			
A-20.0 Comments:			

(All "NO" answers to be fully explained.)

Inspector's initial _____	Owner/designated rep. initial _____	Date: _____	(AFSA Form 94-107A) Page 1 of 4
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Report of Inspection & Testing

of Dry Pipe Fire Protection Systems

Quarterly and Annual Items to be Reviewed

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting firm: (contractor)	Inspection contract #
Name of property:	
Inspector name:	Date:
Page _____ of _____	
Inspection frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:	

Quarterly Testing Requirements for a Dry Pipe Sprinkler System	Annual Inspection of Dry Pipe Sprinkler System																																																																																																																																																																																																								
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Inspector's initial _____	Owner/designated rep. initial _____	Date: _____	(AFSA Form 94-107A) Page 2 of 4
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Annual Testing and Maintenance Tasks That Are in Addition to Other Frequency Tasks — For Dry Pipe System

	Y	N/A	N
E-1.1 Dry pipe valve: (annually)			
E-2.1 Quick opening devices: (semi-annually)			
E-3.1 Dry pipe valve trip tested with control valve partially open: Date: _____			
E-3.2 Trip test with control valve fully open when system is altered or every 3rd year: Date: _____			

(Exception: When protecting a cooler or freezer, DO NOT introduce moisture into system.)

	Y	N/A	N
E-4.1 Strainers and filters and restricted orifices cleaned after trip test or every 5 years:			
E-4.2 Information on last trip test recorded:			
E-5.1 Automatic air maintenance device tested and operating properly:			
E-6.1 Control valve lubricated:			
E-6.2 Control valve operated to closed position and returned to open position:			
E-6.3 Backflow assembly control valves lubricated:			
E-6.6 Backflow assembly control valves operated and returned to open position:			
E-6.7 Post indicator valve operated with _____ number of turns recorded:			
E-6.8 Post indicator valve returned to open position:			

(All above listed control valves to be left 1/4 turn from wide open)

E-7.1 All low points drained:			
E-7.2 Internal pipe inspection recommended:			

F-10.0 Comments:

	Y	N/A	N
Test Frequency Items of 5 Years Unless noted			
F-1.1 Gauge maintenance test: (5 year) _____			
F-1.2 Replaced date:			
F-1.3 Calibrated date:			
F-2.1 Sprinkler maintenance test frequencies:			
F-2.2 (5 year) high temp. date: _____			
F-2.3 (20 year, then 10 year thereafter) Fast response date: _____			
F-2.4 (50 year, then 10 year thereafter) Standard sprinkler date: _____			
F-3.1 Other:			

F-4.1 Supplemental Information on Dry Pipe Valve and System Condition Report (Annual)

F-4.2 Dry system controls sprinklers in: _____			
F-4.3 D.P.V. trip test satisfactory:			
F-4.4 Reason for failure/or partly satisfactory: _____			
F-4.5 Condition: interior of body in good condition			
F-4.6 Condition: water from test pipe in good condition			
F-4.7 Condition: moving parts in good condition			
F-4.8 Condition: seats in good condition			
F-4.9 Condition: rubber facing in good condition			
F-4.10 Q.O.D operation indicate satisfactory:			
F-4.11 Q.O.D operation indicate failed:			
F-4.12 Q.O.D operation indicate shut off:			

Trip Test Table

	Dry Valve		Size		Year		Q.O.D.		Year	
	Make		Model	Serial no.		Make		Model	Serial no.	
			Time to trip thru test pipe	Water pressure	Air pressure	Trip point air pressure	Time water reached test outlet		Alarm operated	
Dry pipe operating test		Min	Sec	psi	psi	psi	Min	Sec	Yes	No
	Without Q.O.D.									
	With Q.O.D.									

If No, explain:

(All "NO" answers to be fully explained.)

Inspector's initial _____	Owner/designated rep. initial _____	Date: _____	(AFSA Form 94-107A) Page 3 of 4
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Report of Inspection & Testing of Fire Protection Systems

Report of Internal Condition of Sprinkler Piping (5 years and/or as required)

ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting firm: (contractor)	Inspection contract #
Name of property:	
Inspector name:	Date:
Page of	Date of previous internal pipe inspection:
Inspection frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:	
Identify system(s) involved: <input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Preaction <input type="checkbox"/> Deluge <input type="checkbox"/> Other:	

An examination of representative sections of this sprinkler system has been made to determine internal conditions.

Initial Examination Data:

Number of branch lines examined: _____ % of total branch lines

Number of cross mains examined: _____ % of bulk lines

Other points examined (describe): _____

Results of Initial Examination:

(Check box which applies)

1. The interior of the sprinkler piping appears in satisfactory condition.
2. The sprinkler systems are in need of internal cleaning. Some of the pipes were found to be partially full of foreign materials. (specify nature of internal stoppage, i.e., pipe scale, silt, mud, tuberculation)
- _____
- _____

Examination Subsequent to Cleaning System:

Cleaning method used (describe): _____

Number of branch lines examined: _____ % of total branch lines

Number of cross mains examined: _____ % of bulk lines

Other points examined (describe): _____

Results of Examination Subsequent to Cleaning:

(Check box which applies)

1. The interior of the sprinkler piping appears in satisfactory condition.
2. If interior of piping other than satisfactory, describe: _____
- _____
- _____

Signature and title of person conducting cleaning _____ Date of cleaning _____

Witness (owner or lessee of the property) _____

Inspector's initial _____ (All "NO" answers to be fully explained.) Owner/designated rep. initial _____ Date: _____ (AFSA Form 94-107A) Page 4 of 4

Figure B-6 AFSA Report of Inspection and Testing of Wet Standpipe Systems.

Report of Inspection & Testing of Wet Standpipe Systems



ALL QUESTIONS ARE TO BE FULLY ANSWERED AND ALL BLANKS TO BE FILLED

Inspecting firm: (contractor) _____	Inspection contract # _____
Name of property: _____	
Inspector name: _____	Date: _____
Page of _____	Date of previous internal pipe inspection:
Inspection frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other:	

		Y	N/A	N
A-1.1 Supply water gauge: ____ psi				
A-1.2 System water gauge: ____ psi				
A-1.3 Top floor gauge: ____ psi				
A-1.6 Class of service: I II III				
A-2.1 Hose valve size: ____ in.				
A-2.2 Hose valve with adapter size: ____ x ____ in.				
A-2.3 Hose valve with ____ in. hose:				
A-2.6 Type and size of nozzle:				
Adjustable ____ in.				
Straight stream ____ in.				
Fog ____ in.				
Non-adjustable ____ in.				
A-3.1 Indicate the type and record the information for the TOP FLOOR hose valve:				
Pressure reducing valves inlet pressure set ____ psi				
Pressure reducing valves outlet pressure set ____ psi				
Pressure restricting valve inlet pressure set ____ psi				
Pressure restricting valve outlet pressure set ____ psi				
Pressure regulating valve inlet pressure set ____ psi				
Pressure regulating valve outlet pressure set ____ psi				
(Attach supplemental sheet recording the gpm and pressure setting for EACH FLOOR hose valve.)				
	Y	N/A	N	
A-4.1 System in service on inspection:				
A-4.2 System equipped with flow switch:				
A-4.3 System equipped with alarm check valve:				
A-4.4 Trim piping leak tight:				
A-5.1 Control valves sealed open:				
A-5.2 Control valves locked/tamper open:				
A-5.6 Backflow asmb. valves sealed open:				
A-5.7 Backflow asmb. valves locked/tamper open:				
A-5.8 Backflow assembly operating OK:				
A-6.1 Wall hydrant sealed open:				
A-6.2 Wall hydrant locked/tamper open:				
A-6.6 Valve area clear of obstructions:				
A-6.7 Valve area accessible:				
A-6.9 Wall hydrant plainly visible:				
A-6.10 Wall hydrant easily accessible:				
A-6.11 Wall hydrant identification plate in place:				
A-6.12 Roof manifold control valve closed:				
A-7.1 Tamper switches appear operational:				
A-7.2 Alarm devices appear operational:				
A-7.5 Exterior of devices in good condition:				
A-7.6 Exterior bells, gongs unobstructed:				
A-7.7 Exterior fittings free of water leakage:				
Main drain:				
Alarm bell line:				
A-8.1 Hose valve free of physical damage:				
A-8.2 Hose valve outlets with cap:				
A-8.3 Hose valve outlet thread in good condition:				
A-8.6 System free of visible water leaks:				
A-8.8 Hose valve outlets equipped with reducing hose adapter:				
A-9.1 Inspection of cabinet per NFPA 1962:				
A-9.2 Inspection of hose per NFPA 1962:				
A-9.3 Inspection of hose nozzle per NFPA 1962:				
A-9.6 Wall penetrations caulked/sealed:				
A-10.1 Roof manifold equipped with hose valves:				
A-10.2 Roof manifold hose valve caps in place:				
A-10.3 Roof manifold swivel rotation is nonbinding:				
A-10.4 Roof manifold valves good condition:				
A-10.5 Roof manifold ball drip operational:				
A-11.1 Caps or plugs on FDC:				
A-11.2 FDC swivel rotation nonbinding:				
A-11.3 FDC location plainly visible:				
A-11.4 FDC easily accessible:				
A-11.5 FDC identification plate in place:				
A-12.1 Piping free of physical damage:				
A-12.2 Piping (exterior) is free of corrosion:				
A-12.3 Piping appears to be leak tight:				
A-12.6 Ball drip drain drip tight:				
A-12.7 Main drain at supply ____ (in.): ____ psi				
A-12.9 Signage/identification plates in place:				
A-15.1 Alarm panel clear:				
A-15.2 All systems in service:				
A-16.1 Comments:				

(All "NO" answers to be fully explained.)		
Inspector's initial _____	Owner/designated rep. initial _____	Date: _____

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Quarterly Testing of Wet Standpipe System	Five Year Testing																																																																								
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	Y	N/A	N																																																																						
B-1.1 Main drain ___ (in.) flow at riser: ___ psi																																																																									
B-2.1 Alarm devices operated:																																																																									
	Y	N/A	N																																																																						
C-1.1 Test of hose per NFPA 1962:																																																																									
C-1.2 Test of hose nozzle per NFPA 1962:																																																																									
	Y	N/A	N																																																																						
D-1.1 Internal inspection of check valves: Date: _____																																																																									
D-1.1 Internal inspection of alarm check: Date: _____																																																																									
	Y	N/A	N																																																																						
E-1.1 Pressure gauges calibrated: Date: _____																																																																									
E-1.2 Pressure gauges replaced: Date: _____																																																																									
E-2.1 Hydrostatic test performed: Date: _____																																																																									
E-2.2 Water supply test performed: Date: _____																																																																									
E-3.1 Pressure regulating type hose valves flow tested: Date: _____																																																																									
E-4.1 Volume of flow: _____ gpm																																																																									
E-4.2 Supply side: _____ psi																																																																									
E-4.3 Hose connection side: _____ psi																																																																									

(All "NO" answers to be fully explained.)

Inspector's initial _____ Owner/designated rep. initial _____ Date: _____

Figure B-7 AFSA Report of Inspection, Testing, and Maintenance of Fire Pumps.

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	Y	N/A	N
B-1.0 Annual Inspection of Hydraulic System:			
B-1.1 Suction pressure gauge: _____ psi			
B-1.2 Discharge pressure gauge: _____ psi			
B-1.3 Pump starting pressure: _____ psi			
B-1.4 Suction line control valves sealed open:			
B-1.5 Discharge line control valves sealed open:			
B-1.6 By-pass line valves sealed open:			
B-1.7 All control valves accessible:			
B-1.8 Suction reservoir full:			
B-1.9 Shaft seals dripping water properly: (1 drop per second)			
B-1.10 System free of vibration or unusual noise:			
B-1.11 Packing boxes, bearings, pump casing free of overheating:			
Comments:			

	Y	N/A	N
B-2.0 Annual Inspection of Electrical Pump System:			
B-2.6 Isolating switch closed-standby emergency source:			
B-2.7 Normal phase rotation pilot light "ON":			
B-2.8 Reverse phase alarm pilot light "OFF":			
B-2.9 Oil level in vertical motor sight glass is in the normal range:			
Comments:			

	Y	N/A	N
B-3.0 Annual Inspection of Diesel Engine System:			
B-3.1 Diesel tank 3/4 full:			
B-3.2 Batteries fully charged:			
B-3.3 Battery charger operating properly:			
B-3.4 Battery terminals clean:			
B-3.5 Battery state of charge checked:			
B-3.6 Battery pilot lights "ON":			
B-3.7 Battery failure pilot lights "OFF":			
B-3.8 Electrolyte level in batteries normal:			
B-3.9 All alarm pilot lights "OFF":			
B-3.10 Engine running time meter recording pump operation properly:			
B-3.11 Oil level in right angle gear drive normal:			
B-3.12 Diesel engine oil level full:			
B-3.13 Diesel engine water level full:			
B-3.14 Water jacket heater appears working properly:			
B-3.15 Water jacket piping drip tight:			
B-3.16 Diesel engine water hose good condition:			
B-3.17 Coolant antifreeze protection adequate:			
B-3.18 Cooling line strainer clean:			
B-3.19 Solenoid valve operating correctly:			
B-3.20 Bearings and valves lubricated:			
Comments:			

	Y	N/A	N
B-4.0 Annual Inspection of Steam Pump Systems:			
B-4.1 Steam pressure gauge reading normal: _____ psi			
B-4.2 Record time required to reach running speed: _____ min _____ sec			
B-4.3 Weekly test conducted and results recorded:			
Comments:			

(All "NO" answers to be fully explained.)
 Inspector's initial _____ Owner/designated rep. initial _____ Date: _____

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	Y	N/A	N		Y	N/A	N
C-1.0 Annual Test of Electric Pump Systems:				C-2.0 Annual Test of Diesel Pump System:			
C-1.1 Electric pump weekly 10-min test run results recorded: (water flow not required)				C-2.1 Weekly auto start/run 30 min and results recorded: (water flow not required)			
C-1.2 Time controller on first step for reduced voltage or reduced current starting: _____ min _____ sec				C-2.2 Auto. weekly test timer used for the starting procedure:			
C-1.3 Record time pump runs after starting (for automatic stop controllers): _____ min _____ sec				C-2.3 Time required for engine to crank: _____ min _____ sec			
C-1.4 Time required for motor to reach full speed: _____ min _____ sec				C-2.4 Time required to reach running speed: _____ min _____ sec			
Comments: _____ _____ _____ _____ _____ _____				C-2.5 Observations while engine operating: Oil pressure: _____ psi			
				Speed indicator: _____ rpm			
				Water temperature: _____ ° F			
				Oil temperature: _____ ° F			
				C-2.6 Pump operational without abnormalities:			
				C-2.7 Heat exchanger cooling water flow normal:			
				C-2.8 Alarm company notified of test run:			
				C-2.9 Pump test run performed satisfactorily:			

Fire Pump Test

Pump:
Make: _____
Type: _____
Rated capacity: _____
Rated pressure: _____
Rated rpm: _____

Power:
Type: _____
Supervision: _____

Controller:
Make: _____
Listed: _____

Water Supply:
Source: _____

Electronic Characteristics:

Test Data:

Type of test (hydrant, drain or pump)	Static or suction pressure (psi)	Residual or discharge pressure (psi)	Net pump pressure (psi)	Pump speed (rpm/ amperes)	Pilot pressure	Dia. of nozzle openings flowed	No. of nozzle openings flowed	Flow at C = .90 C = .97 (gpm)	Opening coefficient C = ____	Actual flow (gpm)

Notes: _____

Remarks on test: _____

Signature and title of person making test: _____ Company name and address: _____

Witness (owner or designated rep.): _____ Date of examination: _____

(All "NO" answers to be fully explained.)

Inspector's initial _____ Owner/designated rep. initial _____ Date: _____ (AFSA Form 94-110A) Page 3 of 5

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Figure B-8 NFSA Form for Inspection, Testing, and Maintenance of Fire Sprinkler Systems.

Form for Inspection, Testing and Maintenance of Fire Sprinkler Systems



Information on this form covers the minimum requirements of **NFPA 25-1998** for fire sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: _____
 Owner's address: _____
 Property being inspected: _____
 Property address: _____
 Date of inspection: _____ All responses refer to the current inspection performed on this date.

This inspection is: (check one) Daily Weekly Monthly Quarterly Semiannual Annual Third year Fifth year

Note: All questions are to be answered *yes, no, or not applicable*. All "No" answers are to be explained in the comment portion of this form.

Part I – Owner's Section

- A. Is the building occupied? Yes No N/A
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No N/A
- C. Are all fire protection systems in service? Yes No N/A
- D. Has the system remained in service without modification since the last inspection? Yes No N/A
- E. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A

Owner or representative (print name) _____ Signature and date _____

5. Quarterly inspection items (continued)

- B. Fire department connections:
 - 1. Visible and accessible? Yes No N/A
 - 2. Couplings and swivels not damaged and rotate smoothly? Yes No N/A
 - 3. Plugs or caps in place and undamaged? Yes No N/A
 - 4. Gaskets in place and in good condition? Yes No N/A
 - 5. Identification sign(s) in place? Yes No N/A
 - 6. Check valve is not leaking? Yes No N/A
 - 7. Automatic drain valve in place and operating properly? Yes No N/A

(Note: If plugs or caps are not in place, inspect the interior for obstructions and verify that the valve clapper is operational over its full range.)

- C. Alarm devices free from physical damage? Yes No N/A
- D. Hydraulic nameplate, if provided, securely attached to riser and legible? Yes No N/A

6. Annual inspection items

- A. Proper number and type of spare sprinklers? Yes No N/A
- B. Visible sprinklers:
 - 1. Free of corrosion? Yes No N/A
 - 2. Free of obstructions to spray patterns? Yes No N/A
 - 3. Free of foreign materials including paint? Yes No N/A
 - 4. Free of physical damage? Yes No N/A
- C. Visible pipe:
 - 1. In good condition? Yes No N/A
 - 2. Free of mechanical damage and not leaking? Yes No N/A
 - 3. No external corrosion? Yes No N/A
 - 4. Properly aligned? Yes No N/A
 - 5. No external loads? Yes No N/A
- D. Visible pipe hangers and seismic braces not damaged or loose? Yes No N/A
- E. Must be done before cold weather
 - 1. Adequate heat in areas with wet piping? Yes No N/A
 - 2. Low temperature alarms in dry pipe, preaction and deluge valve enclosures functioning? Yes No N/A
 - 3. Interior of pipe in preaction and dry pipe systems which passes through freezers free of ice blockage? Yes No N/A

7. Annual, or every fifth year for valves which can be reset without opening

- Interior of dry pipe, preaction and deluge valves passed internal inspection? Yes No N/A

8. Fifth year inspection items

- A. Alarm valves and their associated strainers, filters and restriction orifices passed internal inspection? Yes No N/A
- B. Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A
- C. Strainers, filters, restricted orifices and diaphragm chambers on dry pipe, preaction and deluge valves passed internal inspection? Yes No N/A

Part II – Inspector's Section

A. Inspections

1. Daily, or weekly if low temperature alarms are installed

Enclosures around dry-pipe, preaction or deluge valves maintaining a minimum of 40° F? Yes No N/A

2. Weekly inspection item

Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? Yes No N/A

3. Weekly inspection items which can be performed monthly if the items are electrically supervised or secured with locks

A. Gauges on dry, preaction and deluge systems in good condition and showing normal air and water pressure? Yes No N/A

B. Control valves and isolation valves on backflow prevention devices:

- 1. In correct (open or closed) position? Yes No N/A
- 2. Sealed, locked or supervised and accessible? Yes No N/A

4. Monthly inspection items

A. Preaction and deluge valves:

- 1. Free from physical damage? Yes No N/A
- 2. Trim valves in appropriate (open or closed) position and no leakage from valve seat? Yes No N/A
- 3. Electrical components in service? Yes No N/A

B. Dry pipe valves:

- 1. Free from physical damage? Yes No N/A
- 2. Trim valves in appropriate (open or closed) position? Yes No N/A
- 3. No leakage from intermediate chamber? Yes No N/A

C. Sprinkler wrench with spare sprinklers? Yes No N/A

D. Gauges on wet pipe system in good condition and showing normal water supply pressure? Yes No N/A

E. Alarm valves:

- 1. Gauges show normal supply water pressure? Yes No N/A
- 2. Free from physical damage? Yes No N/A
- 3. Valves in correct (open or closed) position? Yes No N/A
- 4. No leakage from retarding chamber or drains? Yes No N/A

5. Quarterly inspection items

A. Sprinkler pressure regulating control valves:

- 1. In open position and not leaking? Yes No N/A
- 2. Maintaining downstream pressure per design criteria? Yes No N/A
- 3. In good condition with handwheels not broken? Yes No N/A

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Figure B-9 NFSA Form for Inspection, Testing, and Maintenance of Standpipe and Hose Systems.

Form for Inspection, Testing and Maintenance of Standpipe and Hose Systems



Information on this form covers the minimum requirements of NFPA 25-1998 for standpipe and hose systems. Where the standpipe system includes a fire pump or water tank, an additional form must be completed for inspection, testing and maintenance of the pump or tank. Forms are also available for fire sprinkler systems, private fire service mains, water spray fixed systems and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: _____
 Owner's address: _____
 Property being inspected: _____
 Property address: _____
 Date of inspection: _____ All responses refer to the current inspection performed on this date.
 This inspection is: (check one) Daily Weekly Monthly Quarterly Semiannual Annual Third year Fifth year
Note: All questions are to be answered yes, no, or not applicable. All "No" answers are to be explained in the comment portion of this form.

Part I – Owner's Section

- A. Is the building occupied? Yes No N/A
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No N/A
- C. Are all fire protection systems in service? Yes No N/A
- D. Has the system remained in service without modification since the last inspection? Yes No N/A
- E. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A

Owner or representative (print name) _____ Signature and date _____

3. Monthly inspection items (continued)

- F. Gauges on wet pipe system in good condition and showing normal water supply pressure? Yes No N/A
- G. Alarm devices free from physical damage? Yes No N/A
- H. Alarm valves:
 - 1. Gauges indicating normal water pressure? Yes No N/A
 - 2. Free from physical damage? Yes No N/A
 - 3. Valves in correct (open or closed) position? Yes No N/A
 - 4. No leakage from retard chamber or drains? Yes No N/A

4. Quarterly inspection items

- A. Hose valve outlets:
 - 1. Caps, hose connections, valve handle, cap gasket, restricting devices in place, undamaged and in good condition? Yes No N/A
 - 2. Valves not leaking and no visible obstructions? Yes No N/A
- B. Visible pipe and supports in good condition? Yes No N/A
- C. Fire department connections:
 - 1. Visible, accessible and identified? Yes No N/A
 - 2. Couplings and swivels not damaged and rotate smoothly? Yes No N/A
 - 3. Plugs or caps in place and undamaged? Yes No N/A
 - 4. Gaskets in place and in good condition? Yes No N/A
 - 5. Check valves not leaking? Yes No N/A
 - 6. Automatic drain valves in place and operating properly? Yes No N/A

(Note: If plugs or caps are not in place, inspect the interior and verify that the valve clapper is operational over its full range).

5. Annual inspection items

Part II – Inspector's Section

A. Inspections

1. Daily inspection item

- Enclosures around dry pipe valves (without low temperature alarms) maintaining a minimum of 40°F? Yes No N/A

2. Weekly inspection items

- A. Relief port on reduced pressure backflow prevention assemblies not continuously discharging? Yes No N/A
- B. Gauges on dry system (without low pressure alarm) in good condition and show normal air and water pressure? Yes No N/A
- C. Sealed control valves & valves on backflow assemblies:
 - 1. In normal (open or closed) position? Yes No N/A
 - 2. Accessible and with seals in place? Yes No N/A
 - 3. Free from external leaks? Yes No N/A
 - 4. Provided with appropriate identification? Yes No N/A

3. Monthly inspection items

- A. Dry pipe valves:
 - 1. Enclosures around valves (with low temperature alarms) maintaining a minimum of 40°F? Yes No N/A
 - 2. Free from physical damage? Yes No N/A
 - 3. Trim valves in appropriate (open or closed) position? Yes No N/A
 - 4. No leakage from intermediate chamber? Yes No N/A
- B. Hose connection pressure regulating valves:
 - 1. Handwheels in place and in good condition? Yes No N/A
 - 2. Hose threads in good condition? Yes No N/A
 - 3. Valves not leaking? Yes No N/A
 - 4. Reducers and caps in place & in good condition? Yes No N/A
- C. Hose rack assembly pressure regulating valves:
 - 1. Handwheels in place and in good condition? Yes No N/A
 - 2. Valves not leaking? Yes No N/A
- D. Gauges on dry system (with low pressure alarm) in good condition and showing normal air and water pressure? Yes No N/A
- E. Control valves & valves on backflow assemblies (with locks or electric supervision):
 - 1. In normal (open or closed) position? Yes No N/A
 - 2. Lock or supervision in place? Yes No N/A
 - 3. Accessible and free from external leaks? Yes No N/A
 - 4. Provided with appropriate wrenches? Yes No N/A
 - 5. Provided with appropriate identification? Yes No N/A

- A. Hose:
 - 1. Free from mildew, cuts and deterioration? Yes No N/A
 - 2. Couplings of compatible threads and undamaged? Yes No N/A
 - 3. Gaskets in place and in good condition? Yes No N/A
 - 4. Hose connected? Yes No N/A
- B. Hose nozzles:
 - 1. Nozzles & gaskets in place and good condition? Yes No N/A
 - 2. No visible obstructions? Yes No N/A
 - 3. Nozzles operate smoothly? Yes No N/A
- C. Hose storage devices:
 - 1. Hose properly racked or rolled? Yes No N/A
 - 2. Nozzle clips in place and nozzles contained? Yes No N/A
 - 3. Devices undamaged, unobstructed and operable? Yes No N/A
 - 4. Will racks swing out of cabinet at least 90°? Yes No N/A
- D. Storage cabinets:
 - 1. Cabinets have no corroded or damaged parts? Yes No N/A
 - 2. Cabinets easy to fully open? Yes No N/A
 - 3. Door glazings in good condition? Yes No N/A
 - 4. Locks functioning in break-glass-type cabinets? Yes No N/A
 - 5. Cabinets accessible and identified? Yes No N/A
 - 6. All parts, valves, hose and fire extinguishers accessible? Yes No N/A
- E. Adequate heat available to areas where wet pipe is located? (Must be done before cold weather) Yes No N/A
- F. Interior of dry pipe valves (which must be open to be reset) passed internal inspection? Yes No N/A

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Figure B-10 NFSA Form for Inspection, Testing, and Maintenance of Private Fire Service Mains.

Form for Inspection, Testing and Maintenance of Private Fire Service Mains



Information on this form covers the minimum requirements of **NFPA 25-1998** for private fire service mains. Separate forms are available to inspect, test and maintain other portions of the fire protection system of which the private fire service main is a part. More frequent inspection, testing and maintenance may be necessary depending on conditions of the occupancy and water supply.

Owner: _____
 Owner's address: _____
 Property being inspected: _____
 Property address: _____
 Date of inspection: _____ All responses refer to the current inspection performed on this date.

This inspection is: (check one) Weekly Monthly Quarterly Semiannual Annual Fifth year

Note: All questions are to be answered yes, no, or not applicable. All "No" answers are to be explained in the comment portion of this form.

Part I – Owner's Section

- A. Is the private fire service main in service? Yes No N/A
- B. Has it remained in service since the last inspection? Yes No N/A
- C. Were the systems supplied by the fire main free from actuation of devices or alarms since the last inspection? Yes No N/A

Owner or representative (print name) _____ Signature and date _____

Part II – Inspector's Section

A. Inspection

1. Weekly inspection items

- A. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? Yes No N/A
- B. Sealed control valves & valves on backflow assemblies:
 - 1. In normal (open or closed) position? Yes No N/A
 - 2. Accessible with seals in place? Yes No N/A
 - 3. Free from external leaks? Yes No N/A
 - 4. Provided with appropriate identification? Yes No N/A

2. Monthly inspection item

- Control valves & valves on backflow assemblies (with locks or electric supervision):
- 1. In normal (open or closed) position? Yes No N/A
 - 2. Lock or electric supervision in place? Yes No N/A
 - 3. Accessible and free from external leaks? Yes No N/A
 - 4. Provided with appropriate wrenches? Yes No N/A
 - 5. Provided with appropriate identification? Yes No N/A

- 3. **Quarterly inspection item** – Hose/hydrant houses accessible, free from physical damage and fully equipped? Yes No N/A

4. Semiannual inspection items

- Monitor nozzles free of leaks, damage & corrosion? Yes No N/A

5. Annual inspection items

- A. Dry barrel and wall hydrants:
 - 1. Accessible & operating wrench available? Yes No N/A
 - 2. Outlets lubricated? Yes No N/A
 - 3. Free from ice or water in barrel? Yes No N/A
 - 4. Free from leaks and cracks? Yes No N/A
 - 5. Threads in good condition? Yes No N/A
 - 6. Operating nut in good condition? Yes No N/A
- B. Wet barrel hydrants:
 - 1. Accessible and operating wrench available? Yes No N/A
 - 2. Free from leaks at outlets and top of hydrant? Yes No N/A
 - 3. Free from cracks in hydrant barrel? Yes No N/A
 - 4. Outlets lubricated? Yes No N/A
 - 5. Threads in good condition? Yes No N/A
 - 6. Operating nut in good condition? Yes No N/A

- C. Mainline strainers free from plugging and corrosion? Yes No N/A
- D. Exposed piping is free from leaks, physical damage and corrosion? Yes No N/A
- E. Exposed piping is properly restrained? Yes No N/A

- 6. **Fifth year inspection item**
 Check valves internally inspected and all parts operate properly, move freely and are in good condition? Yes No N/A

B. Testing

1. Quarterly test

- A. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in rod, then closed back one-quarter turn? Yes No N/A

- B. Valve supervisory devices indicate movement? Yes No N/A

2. Annual tests

- A. Monitor nozzles move through full range? Yes No N/A
- B. Monitor nozzles flowed an acceptable amount of water? Yes No N/A

- C. Hydrants flowed until clear (at least one minute)? Yes No N/A

- D. Dry barrel hydrants drain in at least one hour? Yes No N/A

- E. Dry barrel hydrants requiring pumping are identified? Yes No N/A

- F. All control valves operated through full range and returned to normal position? Yes No N/A

- G. Backflow devices passed backflow test? Yes No N/A

- H. Backflow devices passed full flow test? Yes No N/A

- 3. **Fifth year test** – Exposed and underground piping passed flow test at expected flows? Yes No N/A

C. Maintenance

1. Annual maintenance items

- A. Mainline strainers cleaned? Yes No N/A

- B. Hose/hydrant houses and equipment in usable condition? Yes No N/A

- C. Hydrant caps, stems, plugs, and threads lubricated? Yes No N/A

- D. Hydrants free of ice, snow and damage? Yes No N/A

- E. Monitor nozzles are lubricated? Yes No N/A

Part III – Comments

Part IV – Inspector's Information

Inspector: _____

Company: _____

Company's address: _____

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____ Date: _____

Figure B-11 NFSA Form for Inspection, Testing, and Maintenance of Fire Pumps.

Form for Inspection, Testing and Maintenance of Fire Pumps



Information on this form covers the minimum requirements of **NFPA 25-1998** for centrifugal fire pumps. Separate forms are available to inspect, test and maintain the rest of the fire protection system of which the fire pump is a part. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and water supply.

Owner: _____
 Owner's address: _____
 Property being inspected: _____
 Property address: _____
 Date of inspection: _____ All responses refer to the current inspection performed on this date.

This inspection is: (check one) Weekly Monthly Quarterly Semiannual Annual

Note: All questions are to be answered *yes, no, or not applicable*. All "No" answers are to be explained in the comment portion of this form.

Part I – Owner's Section

- A. Is the fire pump in service? Yes No N/A
- B. Has the fire pump remained in service since the last inspection? Yes No N/A
- C. Was the system (of which the fire pump is a part) free from actuation of devices or alarms since the last inspection? Yes No N/A

Note to owner: Periodic tests of transfer switches and emergency generators are to be performed by a qualified electrical contractor in accordance with NFPA 110.

Owner or representative (print name) _____ Signature and date _____

Part II – Inspector's Section

A. Inspections – All to be performed weekly.

1. Pump house/room at least 40° F? Yes No N/A
2. Pump house/room for diesels without engine heaters at least 70° F? Yes No N/A
3. Ventilating louvers free to operate? Yes No N/A
4. Suction, discharge and bypass valves open? Yes No N/A
5. Piping free from leaks? Yes No N/A
6. Suction and system pressure gauges normal? Yes No N/A
7. Suction reservoir, if provided, full? Yes No N/A
8. Controller indicating power "ON"? Yes No N/A
9. Transfer switch indicating normal situation? Yes No N/A
10. Isolation switch closed? Yes No N/A
11. Reverse phase alarm indicator "OFF" or normal phase rotation indicator "ON"? Yes No N/A
12. Oil level in vertical motor sight normal? Yes No N/A
13. Diesel engine inspection
 - a. Fuel tank at least two thirds full? Yes No N/A
 - b. Controller selector switch in Auto position? Yes No N/A
 - c. Battery voltage and readings normal? Yes No N/A
 - d. Battery charging current readings normal? Yes No N/A
 - e. Battery indicators "ON" or failure indicators "OFF"? Yes No N/A
 - f. All alarm indicators "OFF"? Yes No N/A
 - g. Record engine running time meter reading, _____ Is this appropriately higher than previous reading? Yes No N/A
 - h. Oil level in right angle gear drive normal? Yes No N/A
 - i. Crankcase oil level normal? Yes No N/A
 - j. Cooling water level normal? Yes No N/A
 - k. Electrolyte level in batteries normal? Yes No N/A
 - l. Battery terminals free from corrosion? Yes No N/A
 - m. Water-jacket heater operating? Yes No N/A
14. Steam pressure gauge for steam driven pump reading normal? Yes No N/A
15. Circulation relief valve flowing water while pump churns? Yes No N/A
16. Pressure relief valves operating with proper pressure downstream while pump is operational? Yes No N/A

B. Tests

1. Weekly test items

- A. Electric motor-driven pumps
 1. Pump started automatically? Yes No N/A
Record starting pressure, _____ psi.
 2. Pump run for at least 10 minutes? Yes No N/A
Record suction _____ and discharge _____ pressure while running.
 3. Pump packing gland showing slight discharge? Yes No N/A
Adjust if necessary.
 4. Free from unusual noises or vibrations? Yes No N/A
 5. Packing boxes, bearings and pump casing free from overheating? Yes No N/A
 6. Record time for motor to accelerate to full speed, _____
 7. For reduced voltage or reduced current starting, record time controller is on first step, _____
 8. For automatic stop controllers, record time pump runs after starting, _____
 9. All times and pressures in Part A acceptable? Yes No N/A
- B. Diesel engine-driven pumps
 1. Pump started automatically? Yes No N/A
Record starting pressure, _____ psi.
 2. Pump run for at least 30 minutes? Yes No N/A
Record suction _____ and discharge _____ pressure while running.
 3. Pump packing gland showing slight discharge? Yes No N/A
Adjust if necessary.
 4. Free from unusual noises or vibrations? Yes No N/A
 5. Packing boxes, bearings and pump casing free from overheating? Yes No N/A
 6. Record time for engine to crank, _____
 7. Record time for engine to reach running speed, _____
 8. Engine oil pressure gauge, speed indicator, water and oil temperature indicators all reading normal? Yes No N/A
 9. Cooling water flowing from heat exchanger? Yes No N/A
 10. All times and pressures in Part B acceptable? Yes No N/A
- C. Steam turbine-driven pumps
 1. Record pump starting pressure _____, suction _____, and discharge _____ pressures while running.
 2. Pump packing gland showing slight discharge? Yes No N/A
Adjust if necessary.
 3. Free from unusual noises or vibrations? Yes No N/A
 4. Packing boxes, bearings and pump casing free from overheating? Yes No N/A
 5. Record steam pressure gauge reading.
 6. Record time for turbine to reach running speed.
 7. All times and pressures in Part C acceptable? Yes No N/A

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2. Annual tests

Annual pump test was run using the following method: (check one)

- Method A. Discharge of flow through hose streams. Flow readings taken at each hose stream.
- Method B. Discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.
- Method C. Discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.

Note: At least once every three years method A or B must be used.

Pump Test Results

	No flow	Rated flow	Peak flow
Suction pressure			
Discharge pressure			
Flow	N/A		
Electrical flow and current	N/A		
Pump speed			

- Are the values in the above table acceptable? Yes No N/A
- No-flow (churn) test run for 30 min? Yes No N/A
- Circulation relief valve and pressure relief valve operated properly during all flow tests? Yes No N/A
- No alarm indicators or other visible abnormalities observed during no-flow test? Yes No N/A
- D. Low suction throttling device test
 - 1. Low suction pressure simulated? Yes No N/A
 - Free from abnormalities in throttling action? Yes No N/A
 - 2. Free from abnormalities in return to full flow? Yes No N/A
- E. Automatic transfer switch test
 - 1. Power failure simulated during peak flow? Yes No N/A
 - Connection made to alternate power source? Yes No N/A
 - 2. After termination of simulated power failure did motor reconnect to the normal power source? Yes No N/A
- F. All alarm conditions simulated? Yes No N/A
- All alarms operated? Yes No N/A

C. Maintenance

A maintenance schedule must be established in accordance with the manufacturer's instructions. In the absence of such a schedule, the following must be used:

1. Weekly maintenance items for diesel engine systems:

- A. Fuel tank level, tank float switch, and solenoid valve operation acceptable? Yes No N/A
- B. Diesel fuel system free of water? Yes No N/A
- C. Flexible hose and connectors in fuel and coolant systems acceptable? Yes No N/A
- D. Oil level and lube oil heater acceptable? Yes No N/A
- E. Coolant level acceptable? Yes No N/A
- F. Water pump for coolant system operating? Yes No N/A
- G. Jacket water heater for coolant system acceptable? Yes No N/A
- H. Exhaust system free of leakage? Yes No N/A
- I. Drain condensate trap on exhaust system operational? Yes No N/A
- J. Electrolyte level in batteries acceptable? Yes No N/A
- K. Connections to electrical system acceptable? Yes No N/A

Part IV – Inspector's Information

Inspector: _____
 Company: _____
 Company's address: _____

2. Monthly maintenance items

- A. Isolation switch and circuit breaker exercised? Yes No N/A
- B. Battery case clean, dry and free of corrosion? Yes No N/A
- C. Batteries specific gravity or state of charge passed test? Yes No N/A
- D. Charger and charge rate passed visual inspection? Yes No N/A
- E. Battery charge being equalized? Yes No N/A
- F. Circuit breakers appear clean? Yes No N/A

3. Quarterly maintenance items

- A. Cleaned strainer, filter or dirt leg in diesel fuel system? Yes No N/A
- B. Cleaned or replaced crank case breather in lubrication system? Yes No N/A
- C. Cleaned water strainer in coolant system? Yes No N/A
- D. Insulation acceptable and fire hazards eliminated from exhaust system? Yes No N/A
- E. Battery terminals clean and tight? Yes No N/A
- F. Electrical system free of wire chafing? Yes No N/A

4. Semiannual maintenance items

- A. Manual starting means on electrical systems operated? Yes No N/A
- B. Antifreeze tested in coolant system? Yes No N/A
- C. Flexible exhaust section acceptable? Yes No N/A
- D. Alarms operated on electrical portions of diesel engine systems? Yes No N/A
- E. Boxes, panels and cabinets on electrical systems cleaned? Yes No N/A

5. Annual maintenance items

- A. Changed pump bearing lubrication? Yes No N/A
- B. Shaft end play acceptable? Yes No N/A
- C. Pump coupling alignment acceptable? Yes No N/A
- D. Transmission coupling, right angle gear drive and mechanical moving parts lubricated? Yes No N/A
- E. Circuit breakers passed trip test? Yes No N/A
- F. Emergency manual starting means operated without power? Yes No N/A
- G. Electrical connections secure? Yes No N/A
- H. Pressure switch settings calibrated? Yes No N/A
- I. Motor bearings greased? Yes No N/A
- J. Fuel tank free of water and foreign material? Yes No N/A
- K. Tank vents and overflow pipes free of obstructions? Yes No N/A
- L. Fuel piping acceptable? Yes No N/A
- M. Oil and filters changed in diesel systems? Yes No N/A
- N. Antifreeze changed in coolant system? Yes No N/A
- O. Heater exchanger cleaned out? Yes No N/A
- P. Duct work & louvers (combustion air) acceptable? Yes No N/A
- Q. Exhaust system free of back pressure? Yes No N/A
- R. Exhaust system hangers and supports acceptable? Yes No N/A
- S. Control and power wirings tight? Yes No N/A

Part III – Comments (Any "No" answers, test failures or other problems found with the fire pump must be explained here.)

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____ Date: _____

Figure B-12 NFSA Form for Inspection, Testing, and Maintenance of Water Storage Tanks.

Figure B-13 NFSA Form for Inspection, Testing, and Maintenance of Water Spray Fixed Systems.

Form for Inspection, Testing and Maintenance of Water Spray Fixed Systems



Information on this form covers the minimum requirements of **NFPA 25-1998** for water spray fixed systems. Where the spray system includes a fire pump or water tank, an additional form must be completed for inspection, testing and maintenance of the pump or tank. Forms are also available for fire sprinkler systems, standpipe and hose systems, private fire service mains, and foam-water sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: _____
 Owner's address: _____
 Property being inspected: _____
 Property address: _____
 Date of inspection: _____ All responses refer to the current inspection performed on this date.

This inspection is: (check one) Daily Weekly Monthly Quarterly Annual Fifth year

Note: All questions are to be answered *yes, no, or not applicable*. All "No" answers are to be explained in the comment portion of this form.

Part I – Owner's Section

- A. Has the hazard being protected remained the same since the last inspection? Yes No N/A
- B. Are all fire protection systems in service? Yes No N/A
- C. Has the system remained in service without modification since the last inspection? Yes No N/A
- D. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A

Note: Periodic inspection and testing of detection systems must be performed in accordance with NFPA 72E by a qualified alarm contractor.

Owner or representative (print name) _____ Signature and date _____

B. Testing

1. Quarterly Tests

- A. Control valves (except OS&Y and gear-operated indicating butterfly valves) opened until spring or torsion is felt in the rod, then closed back one-quarter turn? Yes No N/A

B. Main drain test:

- 1. Record static _____ psi and residual _____ psi pressures.
- 2. Was flow observed? Yes No N/A
- 3. Are pressures comparable to those from last test? Yes No N/A

C. Water flow alarm test:

- 1. Bypass connection opened? Yes No N/A
- 2. Alarms actuated and flow observed? Yes No N/A

D. Valve supervisory devices indicate movement? Yes No N/A

2. Annual tests

A. Operational test: (test all systems together which will operate simultaneously)

- 1. Record response time _____ and discharge time _____.
- 2. Record pressure at most remote nozzle _____ psi.
- 3. Record pressure at deluge valve _____ psi.
- 4. Were discharge patterns not impeded? Yes No N/A
- 5. Was area of operation totally covered? Yes No N/A
- 6. Are above pressures and times acceptable? Yes No N/A
- 7. Nozzle strainers cleaned after test? Yes No N/A
- 8. Connection to riser flushed? Yes No N/A

B. Manual actuation devices operated properly? Yes No N/A

C. Control valves operated through full range and returned to normal position? Yes No N/A

D. Backflow devices passed backflow test? Yes No N/A

E. Backflow devices passed full flow test? Yes No N/A

C. Maintenance

1. Regular maintenance items

A. Mainline strainers flushed after each flow or test? Yes No N/A

B. If any of the following were discovered, was an obstruction investigation conducted and the system flushed? Yes No N/A

- 1. Defective intake screen for pumps taking suction from open sources.
- 2. Obstructive material discharged during waterflow tests.
- 3. Foreign materials found in check valves or pumps.
- 4. Heavy discoloration of water during drain test or plugging of inspector's test connection.
- 5. Plugging found in piping dismantled during alterations.
- 6. Failure to flush yard piping or surrounding public mains following new installation or repairs.
- 7. Record of broken mains in the vicinity.
- 8. System is returned to service after an extended period out of service (greater than one year).
- 9. There is reason to believe the system contains sodium silicate or its derivatives.

2. Annual maintenance items

A. Operating stems of OS&Y valves lubricated, completely closed and reopened? Yes No N/A

B. Interior of deluge valves thoroughly cleaned? Yes No N/A

Part II – Inspector's Section

A. Inspections

1. Daily inspection item

- Deluge valve enclosures (without low temperature alarms) maintained at 40° F? Yes No N/A

2. Weekly items

A. Sealed control valves & valves on backflow assemblies:

- 1. In normal (open or closed) position? Yes No N/A
- 2. Seals in place? Yes No N/A
- 3. Accessible & free from external leaks? Yes No N/A
- 4. Provided with appropriate identification? Yes No N/A

B. Relief port on reduced pressure backflow prevention assemblies free of continuous discharge? Yes No N/A

C. Gauges on system in good condition and showing normal water pressure? Yes No N/A

3. Monthly items

A. Deluge valves:

- 1. Enclosures (with low temperature alarms) maintained at 40° F? Yes No N/A
- 2. Free from physical damage? Yes No N/A
- 3. Trim valves in appropriate condition? Yes No N/A
- 4. Electrical components in service? Yes No N/A

B. Low point drains are in good condition? Yes No N/A

C. Rubber gasketed fittings are in proper location? Yes No N/A

D. Water spray nozzles:

- 1. In proper location? Yes No N/A
- 2. Aimed in proper direction? Yes No N/A
- 3. Free from external loading and corrosion? Yes No N/A
- 4. Capped or plugged (when required)? Yes No N/A

E. Control valves & valves on backflow assemblies (with locks or electronic supervision):

- 1. In normal (open or closed) position? Yes No N/A
- 2. Lock or supervision in place? Yes No N/A
- 3. Accessible and free from external leaks? Yes No N/A
- 4. Provided with appropriate wrenches? Yes No N/A
- 5. Provided with appropriate identification? Yes No N/A

4. Quarterly items

A. Hangers and supports in good condition, secured to structural supports and in proper location? Yes No N/A

Form for Inspection, Testing and Maintenance of Water Spray Fixed Systems . . . continued

- C. Drainage system in good condition? Yes No N/A
- D. Piping and fittings free from mechanical damage, corrosion, and misalignment? Yes No N/A
- E. Fire department connections:
 - 1. Visible, accessible and identified? Yes No N/A
 - 2. Couplings and swivels not damaged and rotate smoothly? Yes No N/A
 - 3. Plugs or caps in place and undamaged? Yes No N/A
 - 4. Gaskets in place and in good condition? Yes No N/A
 - 5. Check valve not leaking and automatic drain valve in place and operating properly? Yes No N/A

(Note: If plugs or caps are not in place, inspect the interior and verify that the valve clapper is operational over its full range.)

3. Annual item

Interior of deluge valves (which must be open to be reset) in good condition? Yes No N/A

4. Fifth year items

- A. Interior of deluge valves (which can be reset without opening) in good condition? Yes No N/A
- B. Strainers, filters and orifices in good condition? Yes No N/A
- C. All check valve interiors in good condition? Yes No N/A

5. Fifth year maintenance item

Mainline strainers removed and cleaned? Yes No N/A

Part III – Comments (Any "No" answers, test failures or other problems found with the system must be explained here.)

Part IV – Inspector's Information

Inspector: _____

Company: _____

Company's address: _____

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: _____ Date: _____

Figure B-14 NFSA Form for Inspection, Testing, and Maintenance of Foam-Water Sprinkler Systems.

Form for Inspection, Testing and Maintenance of Foam-Water Sprinkler Systems



Information on this form covers the minimum requirements of **NFPA 25-1998** for foam-water sprinkler systems connected to distribution systems without supplemental tanks or fire pumps. Separate forms are available to inspect, test and maintain fire pumps and water tanks. Additional forms are also available for standpipe and hose systems, private fire service mains, water spray fixed systems and sprinkler systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.

Owner: _____
 Owner's address: _____
 Property being inspected: _____
 Property address: _____
 Date of inspection: _____ All responses refer to the current inspection performed on this date.

This inspection is: (check one) Weekly Monthly Quarterly Annual Fifth year Tenth year

Note: All questions are to be answered *yes, no, or not applicable*. All "No" answers are to be explained in the comment portion of this form.

Part I – Owner's Section

- A. Is the building occupied? Yes No N/A
- B. Has the occupancy classification and hazard of contents remained the same since the last inspection? Yes No N/A
- C. Are all fire protection systems in service? Yes No N/A
- D. Has the system remained in service without modification since the last inspection? Yes No N/A
- E. Was the system free of actuations of devices or alarms since the last inspection? Yes No N/A
- F. Detection devices inspected, tested, and maintained according to NFPA 72E. Yes No N/A

Owner or representative (print name) _____ Signature and date _____

Part II – Inspector's Section

A. Inspections

1. Daily items (weekly if low temperature alarms are installed)

Enclosures around preaction/deluge valves are maintaining a minimum of 40° F? Yes No N/A

2. Weekly items

Relief port on reduced pressure backflow prevention assemblies is not continuously discharging? Yes No N/A

3. Weekly items (monthly if the items are electrically supervised or secured with locks)

- A. Gauges on preaction/deluge systems are in good condition and showing normal air and water pressures? Yes No N/A
- B. Control valves & isolation valves on backflow prevention devices:
 - 1. In normal (open or closed) position? Yes No N/A
 - 2. Sealed, locked or supervised and accessible? Yes No N/A

4. Monthly items:

- A. Preaction/deluge valves:
 - 1. Free from physical damage? Yes No N/A
 - 2. Trim valves in appropriate (open or closed) position and there is no leakage from the valve seat? Yes No N/A
 - 3. Electrical components in service? Yes No N/A
 - 4. Control valves are in normal position? Yes No N/A
- B. Foam-water discharge spray nozzles Yes No N/A
 - 1. In place and aimed in proper direction? Yes No N/A

Note: Misaligned discharge devices shall be adjusted visually and patterns shall be checked at the next scheduled flow test.

 - 2. Free from obstructions and corrosion? Yes No N/A
 - 3. Caps or plugs (if required) in place? Yes No N/A
- C. Proportioning systems: Yes No N/A
 - 1. All valve positions verified? Yes No N/A
 - 2. Adequate foam concentrate for original design? Yes No N/A
 - 3. Standard pressure proportioners:
 - a. Ball drip valves are free and opened? Yes No N/A
 - b. Foam concentrate tank is free of corrosion? Yes No N/A
 - 4. Bladder tank proportioners:
 - a. Water control valves to tank in proper position? Yes No N/A
 - b. Foam concentrate tank free of corrosion? Yes No N/A

4. Monthly items (continued)

- 5. Line proportioners:
 - a. Strainers clear per manufacturers instructions? Yes No N/A
 - b. Pressure vacuum vent is operational? Yes No N/A
 - c. Foam concentrate tank free of corrosion? Yes No N/A
- 6. Standard balanced pressure proportioners:
 - a. Strainers clear per manufacturer's instructions? Yes No N/A
 - b. Pressure vacuum vent is operational? Yes No N/A
 - c. Gauges are in good condition? Yes No N/A
 - d. Sensing line valves are open? Yes No N/A
 - e. Power available to foam liquid pump? Yes No N/A
- 7. In-line balanced pressure proportioner:
 - a. Strainers clear per manufacturer's instructions? Yes No N/A
 - b. Pressure vacuum vent is operational? Yes No N/A
 - c. Gauges at pump in good condition? Yes No N/A
 - d. Gauges at proportioners in good condition? Yes No N/A
 - e. Sensing line valves at pump open? Yes No N/A
 - f. Sensing line valves at proportioner open? Yes No N/A
 - g. Power available to foam liquid pump Yes No N/A
- 8. Orifice plate proportioners:
 - a. Strainers are clear? Yes No N/A
 - b. Pressure vacuum vent is operational? Yes No N/A
 - c. Power available to foam liquid pump? Yes No N/A
 - d. Gauges are in good condition? Yes No N/A
- 5. Quarterly items
 - A. Piping and fittings are free of damage, corrosion, and mis-alignment? Yes No N/A
 - B. Low point drains are in good condition? Yes No N/A
 - C. Rubber gasketed fittings are in proper location and condition? Yes No N/A
 - D. Hangers and supports are in good condition, secured to structural members and are not missing? Yes No N/A
 - E. Fire department connections:
 - 1. Visible, accessible and identified? Yes No N/A
 - 2. Couplings and swivels not damaged and rotate smoothly? Yes No N/A
 - 3. Plugs or caps in place and undamaged? Yes No N/A
 - 4. Gaskets in place and in good condition? Yes No N/A
 - 5. Check valves not leaking? Yes No N/A
 - 6. Automatic drain valves in place and operating properly? Yes No N/A

(Note: If plugs or caps are not in place, inspect the interior and verify that the valve clapper is operational over its full range).
 - F. Blow-down valve(s) on foam concentrate strainer(s) closed and plugged? Yes No N/A
 - G. Drainage system is in good condition? Yes No N/A
- 6. Annual items
 - A. Interior of preaction/deluge valves which cannot be reset without opening in good condition Yes No N/A

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Figure B-15 Backflow Prevention Assembly Test and Maintenance Record.

Backflow Prevention Assembly Test and Maintenance Record			
I. General information			
Address:			
Location of assembly	Date of installation	Incoming line pressure	
Manufacturer	Model no.	Serial number	
Size	Assembly type <input type="checkbox"/> RP <input type="checkbox"/> RP detector <input type="checkbox"/> DC detector <input type="checkbox"/> PVB		
II. Tests and repairs information			
Initial test	Check valve no. 1	Check valve no. 2	Differential pressure relief valve
	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure drop across the first check valve is _____ psid	<input type="checkbox"/> Leaked <input type="checkbox"/> Closed tight Pressure drop across the second check valve is _____ psid	<input type="checkbox"/> Opened at _____ psid <input type="checkbox"/> Did not open
Repairs	List repairs and corrections	List repairs and corrections	List repairs and corrections
Final test	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Closed tight	<input type="checkbox"/> Opened at _____ psid
Condition of no. 2 control valve: <input type="checkbox"/> Closed tight <input type="checkbox"/> Leaked			
Remarks: <input type="checkbox"/> Assembly failed <input type="checkbox"/> Assembly passed			
III. Approvals			
<i>"I hereby certify that this data is accurate and reflects the proper operation and maintenance of the assembly and that all control valves were left in the full open position."</i>			
Name of certified technician	Technician phone	Name of witness to test	
Signature of certified technician	Technician certification #	Date	Witness phone #