

**ROUTINE INSPECTION CHECKLIST**

Date of Inspection: \_\_\_\_\_

Inspector: \_\_\_\_\_

Date of Last Inspection: \_\_\_\_\_

**Property Information**

Building Name: \_\_\_\_\_

Building Address: \_\_\_\_\_

Contact Person (Owner/Tenant): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**General**

- Yes     No    System being inspected one that was originally installed in accordance with NFPA 13R (If no, utilize NFPA 13 or 13D checklist)
- Yes     No    Building alteration/renovation since the last inspection
- Yes     No    Occupancy classification changed since last inspection
- Yes     No    System maintained in accordance with NFPA 25
- Yes     No    Maintenance and testing records in good order

**Sprinkler Type and Coverage**

Type of sprinkler system:     Wet                     Dry                     Anti-freeze

Area of coverage:     Total     Partial

- Yes     No                    Sprinklers omitted in some areas
- Yes     No     N/A    If yes, omissions allowed per NFPA 13R at the time of system installation  
Omitted area(s) \_\_\_\_\_
- Yes     No                    Spare sprinklers provided
- Yes     No                    Sprinkler wrench provided for each type of sprinkler
- Yes     No                    Hydraulic design information sign provided at valve

**Fire Pump**

- Yes     No     N/A    Fire pump provided
- Type of fire pump:     Electric             Diesel             Gasoline             LPG/LNG             Steam
- Yes     No                    Pump maintained and tested in accordance with NFPA 20

**Sprinkler Components**

- Yes     No                    Sprinklers in place and properly orientated
- Yes     No                    Sprinklers heads unobstructed
- Yes     No                    All hangers, sleeves, braces, and methods of securing sprinklers in proper position and connected
- Yes     No                    All control valves, check valves, drain pipes, and test connections in proper position and operational
- Yes     No     N/A    Pressure-reducing valves in place, in proper position, and operational
- Yes     No     N/A    Backflow preventer valves in place, in proper positions, and operational



- Yes     No                    Main drain test conducted
- Yes     No                    Main drain test indicated deterioration of the water supply
- Yes     No     N/A    Dry pipe valve room heated

**Fire Department Connection(s)**

- Yes     No     N/A    Fire department connections identified
- Yes     No     N/A    Caps in place for each inlet
- Yes     No     N/A    Connections accessible

**Alarms**

- Yes     No     N/A    Water motor gong or electric bell working properly
  - Yes     No     N/A    Waterflow detecting devices tested and operational
  - Yes     No     N/A    Waterflow signal notifies a receiving station
  - Yes     No                    Supervisory switches and alarms tested and operational
- Type of supervision:     Fence                     Seal                     Chain and lock                     Electronic
- Yes     No                    Supervisory switches and alarms tested and operational

**Approval**

Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

System inspection considered satisfactory     Yes     No

If no, reason(s):

**Notes:**