Hopewell Valley Bureau of Fire Safety
201 Washington Crossing Pennington Rd
Titusville, NJ 08560
609-730-8156 fax 609-730-1563

Automatic Sprinkler Systems

Inspection, Testing, and Maintenance of Preaction/Deluge Sprinkler Systems

Property Name: _____ **Inspector:** _____

Property Address: _____ **Contract No.:** _____

Phone Number: _____ **Date:** _____

This Report Covers: ☐ **Monthly** ☐ **Quarterly** ☐ **Annual**
☐ **Three-Year** ☐ **Five-Year**

Inspections

Monthly

☐ Yes ☐ No ☐ N/A Gauges—normal air and water pressure maintained

Control Valves

☐ Yes ☐ No ☐ N/A In the correct (open or closed) position

☐ Yes ☐ No ☐ N/A Sealed, locked, or supervised

☐ Yes ☐ No ☐ N/A Accessible

☐ Yes ☐ No ☐ N/A Free from damage or leaks

☐ Yes ☐ No ☐ N/A Proper signage

Deluge Valve

☐ Yes ☐ No ☐ N/A Exterior free of damage, trim valves are in correct open or closed position, and intermediate chamber is not leaking

Quarterly

☐ Yes ☐ No ☐ N/A Alarm devices—free of damage

☐ Yes ☐ No ☐ N/A Hydraulic data nameplate—securely attached to riser/legible

Fire Department Connections

☐ Yes ☐ No ☐ N/A Visible and accessible

☐ Yes ☐ No ☐ N/A Coupling/swivels operate correctly

☐ Yes ☐ No ☐ N/A Plugs/caps are in place

☐ Yes ☐ No ☐ N/A Gaskets are not damaged

☐ Yes ☐ No ☐ N/A Identification signs are in place

☐ Yes ☐ No ☐ N/A Check valve is not leaking

☐ Yes ☐ No ☐ N/A Ball drip is functional

☐ Yes ☐ No ☐ N/A FDC clapper is functional

Pressure Reducing Valve

☐ Yes ☐ No ☐ N/A In the open position/not leaking

☐ Yes ☐ No ☐ N/A Maintaining downstream pressure

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☐ Yes ☐ No ☐ N/A In good condition

Annual

Sprinklers

☐ Yes ☐ No ☐ N/A No damage or leaks

☐ Yes ☐ No ☐ N/A Free of corrosion, foreign material, or paint

☐ Yes ☐ No ☐ N/A Installed in proper orientation

☐ Yes ☐ No ☐ N/A Fluid in glass bulbs

☐ Yes ☐ No ☐ N/A Spare sprinklers—proper number and type. Complete with wrench?

☐ Yes ☐ No ☐ N/A Hangers and seismic bracing—not damaged or loose

Pipes and Fittings

☐ Yes ☐ No ☐ N/A In good condition/no external corrosion

☐ Yes ☐ No ☐ N/A No leaks or mechanical damage

☐ Yes ☐ No ☐ N/A Correct alignment—no external loads

☐ Yes ☐ No ☐ N/A Preaction/deluge valve interior inspection following trip test

☐ Yes ☐ No ☐ N/A Building—prior to onset of freezing weather—all openings are closed, no water filled pipe is exposed to freezing temps

Five- Year

☐ Yes ☐ No ☐ N/A Obstruction inspection—no foreign or obstructing material found

☐ Yes ☐ No ☐ N/A Check valve—internal moves freely, in good condition

☐ Yes ☐ No ☐ N/A Preaction/deluge valve strainers, filters, restricted orifices, and diaphragm chambers internal inspection

Test

Quarterly

☐ Yes ☐ No ☐ N/A Alarm devices—water motor gong

☐ Yes ☐ No ☐ N/A Main drain test—if the sole supply is through a backflow preventer or pressure reducing valve

Static psi _____ Residual psi _____

☐ Yes ☐ No ☐ N/A Do results differ by more than 10% from previous test?

☐ Yes ☐ No ☐ N/A Priming water—test level

☐ Yes ☐ No ☐ N/A Low air alarm—test per manufacturer's instructions

Semi-annual

☐ Yes ☐ No ☐ N/A Supervisory switch functions

☐ Yes ☐ No ☐ N/A Alarm devices—inspectors test or bypass opened/observed waterflow

Annual

☐ Yes ☐ No ☐ N/A Main drain test Static psi _____ Residual psi _____

☐ Yes ☐ No ☐ N/A Do results differ by more than 10% from previous test?

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☐ Yes ☐ No ☐ N/A All control valves operated through full range of motion and returned to normal position

Full Flow Trip Test

☐ Yes ☐ No ☐ N/A Unobstructed discharge from all nozzles

☐ Yes ☐ No ☐ N/A Pressure reading at preaction/deluge valve

☐ Yes ☐ No ☐ N/A Pressure reading at most remote nozzle or sprinkler: _____ psi

☐ Yes ☐ No ☐ N/A Air maintenance device functions

☐ Yes ☐ No ☐ N/A Correctly?

☐ Yes ☐ No ☐ N/A Backflow test

☐ Yes ☐ No ☐ N/A Backflow full flow test

Three-Year

☐ Yes ☐ No ☐ N/A Full flow trip test (if not performed annually)—record pressures as indicated above

☐ Yes ☐ No ☐ N/A Results compared to previous results

Five-Year

☐ Yes ☐ No ☐ N/A Gauges tested or replaced

☐ Yes ☐ No ☐ N/A Pressure reducing valve)—flow test and comparable to previous results

Routine Maintenance

☐ Yes ☐ No ☐ N/A Sprinklers/pilot sprinklers tested or replaced per appropriate testing schedule

Comments

Company _____ DFS-P# _____

Technician Name _____ Phone _____ Fax _____

Signature_____ Date _____

Business Representative _____ Phone_____

Signature _____ Date _____