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

Automatic Sprinkler Systems Weekly Inspection

This form covers a 6-month period.

Year: _____ **System:** _____

Location: _____

General

1. If valves are sealed, note "yes" in this block. If any are not sealed, reseal and note "resealed" in this block.
2. If all sprinklers are in good condition and storage is maintained at least 18 in. (46 cm) below the sprinklers, note "yes" in block. If not, see that corrections are made and briefly describe under "notes."
3–6. Record pressure readings in psi (bar). A loss of more than 10% should be investigated.
7. Record any notes about the system that the inspector believes to be significant. Place a number in the box and corresponding note in space provided below.

Date	Inspector	Valves Sealed (1)	Sprinklers OK (2)	Alarm Valve OK (3)	Dry Pipe Valve (4)		Preaction Valve (5)		Deluge Valve Water Pressure (6)	Notes (7)
					Air Press.	Water Press.	Air Press.	Water Press.		

Notes (7)**:**