



# Automatic Sprinkler Systems Inspection, Testing, and Maintenance of Dry Pipe 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

#### Dry Pipe Valves

Yes  No  N/A Exterior is 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 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  
 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 Dry pipe valve interior—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 Dry pipe valve strainers, filters, and orifices 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  
 Yes  No  N/A Quick opening device tested

**Semi-annual**

- Yes  No  N/A Supervisory switch functions  
 Yes  No  N/A Alarm devices—inspectors test or bypass opened/obstructed 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?

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

Dry pipe valve trip test (partial flow)

Water pressure \_\_\_\_\_ Air pressure \_\_\_\_\_

Tripping air pressure \_\_\_\_\_ Trip time \_\_\_\_\_ (sec)

Yes  No  N/A Results comparable to previous tests

Yes  No  N/A Backflow preventer—backflow test

Yes  No  N/A Backflow preventer—flow test

**Three-Year**

Yes  No  N/A Dry pipe valve—full flow trip test

Water pressure \_\_\_\_\_ Air pressure \_\_\_\_\_

Tripping air pressure \_\_\_\_\_ Trip time \_\_\_\_\_ (sec)

Water delivery time \_\_\_\_\_ (min.) \_\_\_\_\_ (sec)

Yes  No  N/A Results comparable to previous years

**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 tested or replaced per appropriate testing schedule

**Comments:**

Company \_\_\_\_\_ DFS-P# \_\_\_\_\_

Technician Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Representative \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_