



# Water Spray Systems Inspection, Testing, and Maintenance of Water Spray Systems

Name of Property: \_\_\_\_\_ Inspector: \_\_\_\_\_

Address: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

This Report Covers:  Monthly  Quarterly  
 Five-Year  Annual

## Inspection

### Monthly

#### 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

#### Nozzles

- Yes  No  N/A In place, pointed in the intended direction, and free from external loading and corrosion
- Yes  No  N/A Blow-off cap (if required) in place and free to operate

### Quarterly

- Yes  No  N/A Drainage—area beneath and around the water spray system such as drainage trenches and trap sumps are not blocked

#### Pipe and Fittings

- Yes  No  N/A Free of mechanical damage
- Yes  No  N/A Missing or damaged paint or coatings
- Yes  No  N/A Free of corrosion or paint
- Yes  No  N/A Misalignment or trapped sections
- Yes  No  N/A Low point drains not damaged or corroded
- Yes  No  N/A Location of rubber gasketed fittings

#### Hangers and Supports

- Yes  No  N/A Missing or damaged paint or coating
- Yes  No  N/A Free of rust or corrosion
- Yes  No  N/A Securely attached to structure and piping







**Maintenance**

**Annual**

- Yes  No  N/A Deluge valve interior cleaned and parts replaced or repaired as needed
- Yes  No  N/A Control valve stem lubricated and valve operated through its full range of motion
- Yes  No  N/A Strainers cleaned in accordance with manufacturer's instructions
- Yes  No  N/A Detection systems maintained in accordance with NFPA 72
- Yes  No  N/A Sprinklers/pilot sprinklers/automatic spray nozzles tested or replaced per appropriate testing schedule

**Comments**

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

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

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

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

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