



Water Mist Systems General Information

Date: _____ Inspector: _____ System: _____

Location: _____

General

System designation _____

Building _____

Location of control valve _____

Has system been modified since last inspection? Yes No

What is hazard protected? _____

Valves

How are valves supervised? Seated Locked Tamper switch

Are valves identified with signs? Yes No

Water Supply

Is water supply filtered? _____

Are storage tanks, if used, in good condition? Yes No

Pumps

When was pump last inspected? _____

Is pump in good condition? Yes No

Detection System (if any)

When was the detection system last inspected? _____

Operating Instructions

Are operating instructions present? Yes No

Notes

Company _____ DFS-P# _____

Technician Name _____ Phone _____ Fax _____

Signature _____ Date _____

Business Representative _____ Phone _____

Signature _____ Date _____

