



Water Mist Systems Inspection, Testing, and Maintenance of Water Mist Systems

Name of Property: _____ Inspector: _____

Address: _____ Contract No.: _____

Phone Number: _____ Date: _____

This Report Covers: Monthly Quarterly Annual
 Other

Inspections

Monthly

- Yes No N/A Water storage tank—sight glass valves are open
 Yes No N/A Water circulation tank—water level is full (unsupervised)

Compressed Gas Cylinders

- Yes No N/A Cylinder pressure _____ psi (bar) unsupervised
 Yes No N/A Cylinder control valve is open
 Yes No N/A Plant air, compressor, and receiver (supervised)

Air pressure _____ psi (bar)

Standby Pump

- Yes No N/A Compressed gas supply inlet air pressure _____ psi (bar)
Outlet water pressure _____ psi (bar)

Pneumatic Valves

- Yes No N/A Cylinder valves in correct (open or closed) position
 Yes No N/A Master release valves in correct (open or closed) position

System 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

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

Fire Pumps—Electrical Systems

- Yes No N/A Exercise isolating switch





Yes No N/A Circuit breakers and circuit breaker fuses

Fire Pumps—Battery Systems

Yes No N/A Remote corrosion, case clean and dry

Yes No N/A Specific gravity/state of charge

Yes No N/A Charter/charge rate

Yes No N/A Equalize charge

Quarterly

Yes No N/A Water supply pressure _____ psi

Yes No N/A Water storage tank—water level is full

Yes No N/A Water tank pressure _____ psi

Yes No N/A Water storage cylinder (high pressure) water level is full (unsupervised)

Yes No N/A Additive storage cylinder general condition

Yes No N/A Water recirculation tank—water level is full (supervised)

Yes No N/A Compressed gas cylinder support frame and restraints

Yes No N/A Compressed gas cylinder pressure _____ psi

Yes No N/A Moisture trap and oil injection in good condition

Yes No N/A Release valve tubing in good condition

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 rust

Yes No N/A Misalignment or trapped sections

Yes No N/A Low point drains not damaged or corroded

Semi-annual

Yes No N/A Water supply source in good condition

Yes No N/A Water tank valves and appurtenances in good condition

Yes No N/A Water storage cylinder is full

Yes No N/A Additive agent level is full

Yes No N/A Air compressor/receiver capacity checked

Yes No N/A Enclosure integrity verified

Annual

Yes No N/A Water supply source in good condition

Yes No N/A Interior of water tank inspected

Yes No N/A Water quality checked

Yes No N/A Water temperature _____ °F (_____ °C)



Yes No N/A Trip test of dry and preaction water mist system

Full Flow Trip Test

- Yes No N/A Unobstructed discharge from all nozzles
- Yes No N/A Pressure reading at control valve
- Yes No N/A Detection system response time _____ sec
- Yes No N/A Detection system tested in accordance with NFPA 72
- Yes No N/A Ventilation system interlocks tested
- Yes No N/A Fuel/lubrication system interlocks tested
- Yes No N/A Cylinders—hydrostatic test every 5-½ years

Maintenance

Semi-annual

- Yes No N/A Air supply filters and moisture traps cleaned
- Yes No N/A Water recirculation tank filters, strainers and cyclone separator cleaned

	Check	Change	Clean	Test
Pump System				
Lubricate bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check pump shaft end play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure gauge/sensors (check accuracy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pump coupling alignment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System				
Trip circuit breaker	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate manual starting means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operate emergency manual starting means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tighten electrical connections (as necessary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubricate mechanical moving parts (except starters and relays)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calibrate pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Switch settings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubricate motor bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



Comments

Company _____ DFS-P# _____

Technician Name _____ Phone _____ Fax _____

Signature _____ Date _____

Business Representative _____ Phone _____

Signature _____ Date _____