

Automatic Sprinkler Systems Visual Inspection Form

Property Name:	Inspector:
Property Address:	Date:
Phone Number:	

This Report covers: ☐ Weekly & Monthly

Inspection (Do not touch or alter any valves. If something looks wrong call the office immediately)

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Gauges – normal air and water pressure maintained Control Valves
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	In the correct open position
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Sealed, locked, or supervised
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Accessible
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Free from damage or leaks
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Proper signage Deluge Valve
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	Exterior free of damage, trim valves are in correct open position, and intermediate chamber is not leaking

Send form to the main office for a service call if you selected 'No' above

Comments/Notes:

Signature:	Date:
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