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|  | **Fire Sprinkler System Inspection Checklist** |  |
| **FREQUENCY** | **DATE** |
| **WEEKLY / MONTHLY / QUARTERLY (Select as applicable)** |  |
| **Location .......................................................................** |
| Fire Sprinkler System Inspection - ITEMS TO CHECK | **YES** | **NO** | **IMP.** |
| Sprinkler system is free from visible damage, leaks, or corrosion. |  |  |  |
| Control valves are in the open position and properly secured. |  |  |  |
| Water supply is adequate and pressure is within the required range. |  |  |  |
| Sprinkler heads are free of obstructions and debris. |  |  |  |
| Sprinkler heads are not painted, damaged, or blocked. |  |  |  |
| Fire department connection is accessible and in good condition. |  |  |  |
| Alarm and monitoring systems are operational. |  |  |  |
| Test valve is operable, and flow test is conducted as required. |  |  |  |
| Gauges are functional and within normal operating range. |  |  |  |
| Pressure relief valves and backflow preventers are inspected. |  |  |  |
| Tamper switches are functional and secure. |  |  |  |
| Pipes and fittings are properly supported and secured. |  |  |  |
| Sprinkler coverage meets the design and occupancy requirements. |  |  |  |
| Fire pump (if applicable) is inspected and tested. |  |  |  |
| Spare sprinkler heads and wrenches are available as required. |  |  |  |
| Documentation and inspection records are up to date. |  |  |  |
| No modifications or obstructions that would impair sprinkler performance. |  |  |  |
| Employees are aware of the location and function of the sprinkler system. |  |  |  |
| System drain valves are checked for proper operation. |  |  |  |
| Emergency shutoff procedures are clearly communicated and accessible. |  |  |  |
| **Comments:** |  |  |
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| ****Fire Sprinkler System Condition and Compliance Check**** |
| Sprinkler System Details | Location | Qty | OK | Not OK | Remarks (Mention Check No.) |
| Sprinkler Heads |  |  |  |  |  |
| Control Valves |  |  |  |  |  |
| Water Supply |  |  |  |  |  |
| Alarm System |  |  |  |  |  |
| Fire Pump (if applicable) |  |  |  |  |  |
| **Inspected By;****Name: .............................................. Designation: ..................................... Signature: .....................................** |