



## AUI Department of Environmental Safety & Security Quarterly Fire Sprinkler Inspection

Inspector Name:

Date:

Time:

Location of Inspection:

Before beginning any testing, contact Operations and make them aware that testing is being conducted. Describe system being inspected (wet/dry):

- \* Inspections must be conducted on a quarterly basis
- \* Maintain checklist as documentation of this requirement

STEP #	DESCRIPTION	YES/NO/COMMENT
1	Static Water Pressure	
2	Standpipe water pressure (drain to below 100psi)	
3	Did waterflow gong sound?	
4	Did control get an alarm signal?	
5	Is water supply valve open?	
6	Sprinkler head wrench and spare sprinkler heads in box?	
7	Valves accessible and in good condition?	
8	Valves properly labelled?	
9	Fire department connections in good condition?	
10	Gauges are readable and in good condition?	
11		

SIGNATURE: \_\_\_\_\_

ADDITIONAL NOTES: (Attach third party documentation if inspection is performed by contract)