

Inspection, Testing, and Maintenance Foam-Water Sprinkler Systems
NFPA 25, Chapter 11 as amended by CCR, Title 19

Date of Inspection, Testing, Maintenance: _____

System Riser ID: _____

Property Information:

Name: _____

Address: _____

City: _____

Abbreviation Key:

I = Inspection
 T = Test
 M = Maintenance
 A-O = After Operation
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Item	Activity	Frequency	Description	NFPA 25 Reference	Fail	N/A	Pass
1.1	I	Daily/Weekly Quarterly Annually 5 - Years	Deluge/Pre-action Valve(s)	11.2.1 12.4.3			
1.2	I	Monthly	Discharge devise location (spray nozzle)	11.2.5			
1.3	I	Monthly	Discharge device position (spray nozzle)	11.2.5			
1.4	I	Quarterly	Foam Concentrate Strainer(s)	11.2.7.2			
1.5	I	Quarterly	Drainage in system area	11.2.8			
1.6	I	Quarterly	Proportioning system(s) –All	11.2.9			
1.7	I	Quarterly	Pipe corrosion	11.2.3			
1.8	I	Quarterly	Pipe Damage	11.2.3			
1.9	I	Quarterly	Fitting Corrosion	11.2.3			
1.10	I	Quarterly	Fitting Damage	11.2.3			
1.11	I	Quarterly	Hangers / Supports	11.2.4			
1.12	I	Quarterly	Control Valve(s)	12.3.2			
1.13	I	Quarterly	Backflow Prevention	12.6.1			
1.14	I	Annually	Discharge device location (sprinkler)	11.2.5			
1.15	I	Annually	Discharge device position (sprinkler)	11.2.5			
1.16	I	See Fire Pump Form	Fire Pump(s)	Chapter 8			
1.17	I	See Private Fire Main Form	Water Supply Piping	11.2.6.1			
1.18	I	See Water Tank Form	Water Supply Tank(s)	Chapter 9			
1.19	I	See NFPA 72	Detection System	11.2.2			

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2.1	T	See Chapter 12	Deluge Pre – Action Valve(s)	11.2.1			
2.2	T	Annually	Discharge device location	11.3.3.6			
2.3	T	Annually	Discharge device position	11.3.3.6			
2.4	T	Annually	Discharge device obstruction	11.3.3.6			
2.5	T	Annually	Foam Concentrate Strainer(s)	11.2.7.2			
2.6	T	Annually	Proportioning System(s) –All	11.2.9			
2.7	T	Annually	Complete foam – water system(s)	11.3.3			
2.8	T	Annually	Foam-water solution	11.3.6			
2.9	T	Annually	Manual actuation device(s)	11.3.5			
2.10	T	Annually	Water Supply Piping	Chapter 10			
2.11	T	Annually	Control valve(s)	12.3.3			
2.12	T	Annually	Backflow Prevention	12.6.2			
2.13	T	See Fire Pump Form	Fire Pump(s)	Chapter 8			
2.14	T	See Water Storage Tank Form	Water Supply Tank(s)	Chapter 9			
2.15	T	See Chapter 4	Water supply flow test	11.2.6			
2.16	T	See NFPA 72	Detection system	11.2.2			
3.1	M	Monthly	Foam concentrate pump operation	11.4.6(A) 11.4.7(A)			
3.2	M	Quarterly	Foam concentrate strainer(s)	Section 11.4			
3.3	M	Annually	Foam concentrate samples	11.2.10			
			Proportioning system(s) standard pressure type				
3.4	M	5 - Years	Ball drip (automatic type) drain valves	11.4.3(A)			

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3.5	M	10 - Years	Foam concentrate tank –drain and flush	11.4.3(B)			
3.6	M	10 - Years	Corrosion / Hydrostatic test	11.4.3(C)			
			Bladder Tank Type				
3.7	M	10 - Years	Sight Glass	11.4.4(A)			
3.8	M	10 - Years	Foam Concentrate Tank—Hydrostatic Test	11.4.4(B)			
			Line Type				
3.9	M	10 - Years	Foam Concentrate Tank – Corrosion and pickup pipes	11.4.5(A)			
3.10	M	10 - Years	Foam Concentrate Tank – Drain and Flush	11.4.5(B)			
			Standard balance pressure type				
3.11	M	5 - Years	Foam concentrate pump(s)	11.4.6(B)			
3.12	M	5 - Years	Balancing valve diaphragm	11.4.6(C)			
3.13	M	10 - Years	Foam concentrate tank	11.4.6(D)			
			In-line balance pressure type				
3.14	M	5 - Years	Foam concentrate pump(s)	11.4.7(B)			
3.15	M	5 - Years	Balancing valve diaphragm	11.4.7(C)			
3.16	M	10 - Years	Foam concentrate tank	11.4.7(D)			
3.17	M	Annually	Water Supply	11.2.6.1			
3.18	M	Annually	Control valve(s)	12.3.4			
3.19	M	Annually 5 - Years	Strainer(s) – Mainline	Chapter 10 10.2.1.8 11.2.7			

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3.20	M	5-Years	Pressure Vacuum Vents	11.4.8			
3.21	M	Annually 5-Years A-O MI	Deluge Pre-action Valves	11.2.1			
3.22	M	See water storage tank form.	Water supply tank(s)	Chapter 9			
3.23	M	See fire pump form	Fire pump(s)	Chapter 8			
3.24	M	Per AHJ and MI	Back flow prevention	12.6.3			
3.25	M	MI	Check valve(s) (including detector check valves)	12.4.2.2			
3.26	M	See NFPA 72	Detection system	11.2.2			

Item	Deficiencies and Comments: Deficiencies and Comments Item number must correspond to the item number of the activity listed above:

See Continuation Page (s) ____ (Indicate the number of continuation pages)
 PASS
 FAIL

 SIGNATURE

 DATE