

**Type FD name and address**

**INSPECTION REPORT-SPRINKLER SYSTEM**

		Facility ID Number	
Facility Name		Email Address	
Address (Street, City, Zip Code)			County
Facility Type <input type="checkbox"/> RCF-Residential Care Facility <input type="checkbox"/> DCC-Day Care Center <input type="checkbox"/> Other <input type="checkbox"/> ALF-Assisted Living Facility <input type="checkbox"/> FDCH-Family Day Care <input type="checkbox"/> LE-License Exempt Facility <input type="checkbox"/> GH-Group Day Care or Group Home			
Owner		Administrator	
Date Sprinkler Installed		Manufacturer	
Is There More Than One Sprinkler System? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where In The Facility Are The Main Controls Located For Each System?	
COMPONENTS APPROVED TAMPER SWITCH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A FLOW ALARM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A POST INDICATOR <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A FIRE DEPT. CONNECTION <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A BOOSTER PUMP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A WET SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A DRY SYSTEM <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		ATTIC COMPONENTS APPROVED <input type="checkbox"/> Yes <input type="checkbox"/> No INSTALLED IN COMPLIANCE WITH NFPA-13 OR 13R <input type="checkbox"/> Yes <input type="checkbox"/> No INSPECTED & MAINTAINED IN ACCORDANCE WITH NFPA-25 <input type="checkbox"/> Yes <input type="checkbox"/> No SPARE PARTS AVAILABLE <input type="checkbox"/> Yes <input type="checkbox"/> No 2 IN MAIN DRAIN PIPING GREATER THAN 20 FEET <input type="checkbox"/> Yes <input type="checkbox"/> No <hr/> WATER SUPPLY      GPM MAIN DRAIN STATIC      PSI RESIDUAL      PSI	
REMARKS			
THIS IS TO CERTIFY THAT I, THE UNDERSIGNED, A CERTIFIED SPRINKLER SYSTEM REPRESENTATIVE, HAVE MADE AN INSPECTION OF THE SPRINKLER SYSTEM IN THE ABOVE –NAMED FACILITY, AND FIND THAT THE SPRINKLER SYSTEM <input type="checkbox"/> (IS) <input type="checkbox"/> (IS NOT) IN PROPER WORKING CONDITION AND PROPERLY MAINTAINED IN ACCORDANCE WITH NFPA-25 AND WAS INSTALLED IN ACCORDANCE WITH NFPA-13 OR 13R.			
Signature		Print Name	Title
Name of Company		Telephone Number	Date
Address (Street, City, Zip Code)			
Return To:		OFFICE USE ONLY DATE RECEIVED: DATE REVIEWED: REVIEWED BY:	