



Fire Suppression System Inspection Checklist

General Information

Record details regarding the inspection, location, and system identification.

Inspection Date

Inspection Time

Facility Location

 [Set My Current Location](#)



Inspector Name

Write something...

Inspector Title/Role

Write something...

System Type (e.g., Wet, Dry, Pre-Action)

Write something...

System Identification Number (if applicable)

Enter a number...

Weather Conditions (During Inspection)

- ☐ Clear
- ☐ Rain
- ☐ Snow
- ☐ Fog
- ☐ Other

System Identification & Location

Verify system details, location identifiers, and compliance records.

System Name/Type

Write something...

System ID/Tag Number

Write something...

System Location (Building & Floor)

 [Set My Current Location](#)



Date of Last System Upgrade/Installation

Enter a number...

Date of Inspection

Enter date...

System Status (Active/Inactive/Out of Service)

- ☐ Active
- ☐ Inactive
- ☐ Out of Service

Notes/Comments Regarding System Identification

Write something...

Visual Inspection - Nozzles & Piping

Check for physical damage, obstructions, and proper aiming of spray nozzles.

Nozzle Location 1

 [Set My Current Location](#)



Nozzle Condition (Nozzle 1)

- ☐ Good
- ☐ Minor Corrosion
- ☐ Significant Corrosion
- ☐ Damaged
- ☐ Obstructed

Nozzle Temperature (if applicable, using IR thermometer)

Enter a number...

Piping Condition

- ☐ Good
- ☐ Minor Corrosion
- ☐ Significant Corrosion
- ☐ Leaks Present
- ☐ Damage Present

Notes on Nozzle/Piping Observations

Write something...

Photo of Damaged Nozzle/Piping (if applicable)

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Water Supply

Assess the water supply pressure, volume, and reliability.

Static Water Pressure (PSI)

Enter a number...

Residual Pressure (PSI)

Enter a number...

Water Flow Rate (GPM)

Enter a number...

Water Supply Type

- ☐ Municipal
- ☐ Tank
- ☐ Well
- ☐ Other

Water Supply Condition

- ☐ Satisfactory
- ☐ Needs Attention
- ☐ Unsatisfactory

Comments/Observations Regarding Water Supply

Write something...

Last Water Supply Test Date

Enter date...

Control Panel & Alarm System

Inspect the fire alarm control panel, including battery backup, wiring, and alarm signals.

Control Panel Battery Voltage (VDC)

Enter a number...

Control Panel Supply Voltage (VAC)

Enter a number...

Panel Display Status

- ☐ Normal
- ☐ Trouble
- ☐ Alarm

Description of any trouble or alarm conditions (if applicable)

Write something...

Date of last battery replacement

Enter date...

Witnessed Panel Functional Test?

- ☐ Yes
- ☐ No

Notes on Functional Test Results (if performed)

Write something...

Audible Alarm Signals Present?

☐ Yes

☐ No

Time of last alarm event (if applicable)

Fire Pump (If Applicable)

Check fire pump operation, pressure gauges, and motor condition.

Suction Pressure (PSI)

Enter a number...

Discharge Pressure (PSI)

Enter a number...

Pump Flow Rate (GPM)

Enter a number...

Motor Voltage (V)

Enter a number...

Pump Operating Sound (Select One)

- ☐ Normal
- ☐ Excessive
- ☐ Unusual

Motor Condition (Select One)

- ☐ Good
- ☐ Fair
- ☐ Poor

Notes on Motor Condition

Write something...

Date of Last Motor Maintenance

Enter date...

Motor Nameplate Image (for verification)

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Sprinkler Heads

Inspect sprinkler heads for damage, corrosion, and proper orientation.

Sprinkler Head Temperature Rating (Deg F)

Enter a number...

Sprinkler Head K-Factor

- ☐ K = 5.6
- ☐ K = 8.0
- ☐ K = 11.2
- ☐ Other (Specify)

Sprinkler Head Orientation

- ☐ Upright
- ☐ Pendant
- ☐ Sidewall
- ☐ Concealed

Evidence of Physical Damage (e.g., dents, corrosion)

- ☐ Yes
- ☐ No
- ☐ N/A

Evidence of Paint Coverage (Impairs Function)

- ☐ Yes
- ☐ No
- ☐ N/A

Notes on Sprinkler Head Condition (Specific observations)

Write something...

Number of Sprinkler Heads Inspected

Enter a number...

Drainage & Flushing

Verify proper drainage and flushing capabilities of the system.

Flushing Duration (Minutes)

Enter a number...

Drain Valve Opening Pressure (PSI)

Enter a number...

Drain Valve Operation

- ☐ Operated Properly
- ☐ Requires Repair
- ☐ Unable to Operate

Observations During Flushing

Write something...

Water Quality After Flushing

- ☐ Clear
- ☐ Slightly Discolored
- ☐ Discolored/Sediment Present

Last Flushing Date

Enter date...

Comments/Recommendations Regarding Drainage/Flushing

Write something...

Testing & Maintenance Records

Review documented testing and maintenance performed on the system.

Date of Last Inspection/Service

Enter date...

Summary of Previous Inspection Findings & Corrective Actions Taken

Write something...


Hours of Operation of Fire Pump (if applicable)

Enter a number...

Type of Maintenance Performed (e.g., Routine, Preventative, Repair)

- ☐ Routine
- ☐ Preventative
- ☐ Repair
- ☐ Other

Attach Maintenance Records/Reports

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Was a Hydrostatic Test Performed within the last 5 years?

- ☐ Yes
- ☐ No
- ☐ N/A

Date of Last Hydrostatic Test (if applicable)

Enter date...

Overall System Functionality

Assess overall system performance and readiness for operation.

System Pressure (PSI)

Enter a number...

System Activation Test Result

- ☐ Passed
- ☐ Failed
- ☐ N/A

Detailed Observation Notes

Write something...

Battery Backup Status

- ☐ OK
- ☐ Needs Replacement
- ☐ Failed

Date of Last Full System Test

Enter date...

System Components Tested

- ☐ Sprinkler Heads
- ☐ Fire Pump
- ☐ Control Panel
- ☐ Water Supply
- ☐ Alarm System

Overall System Readiness

- ☐ Ready for Service
- ☐ Needs Minor Repairs
- ☐ Needs Major Repairs