



NMSU FIRE DEPARTMENT AUTOMATIC SPRINKLER INSPECTION OF WET PIPE



Inspector: _____ Date: _____

PROPERTY INFORMATION

Name of property: _____

Address: _____

Description of Property:

Name of property representative: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

This Report Covers:

Monthly _____ Quarterly _____ Annual _____ Five-Year _____

Monthly Inspections

Yes	No	N/A	
			Gauges-normal water pressure maintained
			Control Valves
			In the correct (open or closed) position
			Sealed, locked, or supervised
			Accessible
			Free from damage or leaks
			Proper signage
			Alarm Valves
			Free of damage
			Accessible
			Retard chamber/alarm drains not leaking

Quarterly Inspections

Yes	No	N/A	
			Alarm devices-free of damage
			Hydraulic data nameplate-securely attached to riser/legible
			Fire department connections
			Visible and accessible
			Coupling/swivels operate correctly
			Plugs/caps are in place
			Gaskets are not damaged
			Identification signs are in place
			Ball drip valve is functional



NMSU FIRE DEPARTMENT AUTOMATIC SPRINKLER INSPECTION OF WET PIPE



Yes	No	N/A	Pressure Reducing Valve
			In the open position/not leaking
			Maintaining downstream pressure
			In good condition

Annual Inspections

Yes	No	N/A	Sprinklers (Visible)
			No damage or leaks
			Free of corrosion, foreign material, or paint
			Installed in proper orientation
			Fluid in glass bulbs
			Spare sprinklers-proper number and type. Complete with wrench?
			Hangers and seismic bracing-not damaged or loose
			Pipes and Fittings (Visible)
			In good condition/no external corrosion
			No leaks or mechanical damage
			Correct alignment-no external loads
			Hose racks-inspected per NFPA 1962
			Building-wet piping not exposed to freezing temperatures

Five-Year Inspections

Yes	No	N/A	
			Alarm valve interior including strainers, filters, and restriction orifice
			Check valve-internal moves freely, in good condition
			Obstruction inspection -no foreign or obstructing material found

Comments: _____

Signature: _____

Date: _____

License/Certification Number: _____