



MONTHLY FIRE PROTECTION INSPECTION FORM

Facility _____ Inspector _____
 Location _____ Date _____

INSPECTOR INSTRUCTIONS:

THE FOLLOWING ITEMS SHOULD BE REGULARLY INSPECTED, TESTED, AND MAINTAINED TO HELP ENSURE COMPLETE AND TOTAL RELIABILITY OF YOUR FACILITIES FIRE PROTECTION SYSTEMS. COMPLETE THE CHECKLIST IN ACCORDANCE WITH THE FREQUENCY RECOMMENDED. DO NOT COMPLETE A PARTICULAR SECTION UNLESS YOU HAVE PERSONALLY INSPECTED OR TESTED THAT PARTICULAR PIECE OF FIRE PROTECTION EQUIPMENT. A COPY OF THE INSPECTION FORM SHOULD BE SENT TO THE DESIGNATED PERSON IN CHARGE FOR NECESSARY ACTION.

THE FOLLOWING CHECKLIST IS INTENDED TO PROVIDE THE GENERAL INFORMATION NEEDED TO COMPLY WITH MOST LOCAL AND NATIONAL AGENCIES. THIS FORM SHOULD NOT BE INTENDED AS A SUBSTITUTE FOR ANY ADVICE PROVIDED BY YOUR LOCAL AUTHORITY HAVING JURISDICTION.

INSPECT THESE ITEMS AT LEAST MONTHLY

WATER SUPPLY AND FIRE ALARMS

	Yes	No		Yes	No
PUBLIC WATER SUPPLY IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	FIRE ALARM SYSTEM OPERATIONAL	<input type="checkbox"/>	<input type="checkbox"/>
PUBLIC WATER PRESSURE <input type="text"/> PSI CHANGE FROM PREVIOUS MONTH	<input type="checkbox"/>	<input type="checkbox"/>	CENTRAL STATION RECEIVED ALL SPRINKLER WATERFLOW AND TAMPER ALARMS	<input type="checkbox"/>	<input type="checkbox"/>
2 IN. DRAIN TEST PERFORMED	<input type="checkbox"/>	<input type="checkbox"/>	FIRE DEPARTMENT CONNECTION ACCESSIBLE	<input type="checkbox"/>	<input type="checkbox"/>
DID WATER MOTOR GONG OPERATE	<input type="checkbox"/>	<input type="checkbox"/>	FIRE DEPARTMENT CAPS IN PLACE	<input type="checkbox"/>	<input type="checkbox"/>
INSPECTORS TEST CONNECTIONS FLOWED CLEAR	<input type="checkbox"/>	<input type="checkbox"/>	PUBLIC FIRE HYDRANTS ACCESSIBLE	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

SPRINKLERS NA

	Yes	No		Yes	No
STOCK MORE THAN 18 IN. FROM SPRINKLER HEADS	<input type="checkbox"/>	<input type="checkbox"/>	SPRINKLER HEADS OR PIPING CORRODED	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER HEADS FREE OF PAINT, DUST OR RESIDUE	<input type="checkbox"/>	<input type="checkbox"/>	SPRINKLER HEADS GREATER THAN 50 YEARS OLD	<input type="checkbox"/>	<input type="checkbox"/>
ANY HANGING ITEMS ON PIPING OR HEADS	<input type="checkbox"/>	<input type="checkbox"/>	ANY HEADS DISCONNECTED OR NEEDED	<input type="checkbox"/>	<input type="checkbox"/>
SPRINKLER HEADS UNOBSTRUCTED BY PARTITIONS	<input type="checkbox"/>	<input type="checkbox"/>	SPARE SPRINKLER HEADS AVAILABLE	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

FIRE PUMP & TANK / RESERVOIR (IF APPLICABLE) NA

	Yes	No		Yes	No
FIRE PUMP AUTOMATICALLY STARTED BY PRESSURE DROP: DIESEL: (WEEKLY) ELECTRIC: (MONTHLY)	<input type="checkbox"/>	<input type="checkbox"/>	BATTERIES PROPERLY CHARGED AND FREE OF CORROSION	<input type="checkbox"/>	<input type="checkbox"/>
PUMP RUN FOR MINIMAL TIME: DIESEL PUMP (30 MIN.) ELEC. PUMP (10 MIN.)	<input type="checkbox"/>	<input type="checkbox"/>	TANK / RESERVOIR HEATING SYSTEM WORKING PROPERLY	<input type="checkbox"/>	<input type="checkbox"/>
PACKING COOL DURING OPERATION	<input type="checkbox"/>	<input type="checkbox"/>	TANK/ RESERVOIR FULL OR WAS IT OVERFLOWED	<input type="checkbox"/>	<input type="checkbox"/>
PUMP ROOM HEATED & VENTILATED	<input type="checkbox"/>	<input type="checkbox"/>	TANK LEVEL INDICATOR OPERATIONAL	<input type="checkbox"/>	<input type="checkbox"/>
DIESEL FUEL TANK AT LEAST 2/3 FULL	<input type="checkbox"/>	<input type="checkbox"/>	RESERVOIR SCREEN CLEANED FROM DEBRIS	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

DRY PIPE, PREACTION, DELUGE (IF APPLICABLE) NA

	Rm. No.1		Rm. No. 2		Rm. No. 3		Rm. No. 4		Rm. No. 5		Rm. No. 6		Rm. No. 7		Rm. No. 8	
	Yes	No														
VALVE RM. HEATED	<input type="checkbox"/>															
AIR PRESS.	PSI															
H ₂ O PRESS.	PSI															



GENERAL COMMENTS:

MANUAL PROTECTION

	Yes	No		Yes	No
ADEQUATE NUMBER OF FIRE EXTINGUISHERS	<input type="checkbox"/>	<input type="checkbox"/>	MANUAL PULL STATIONS TESTED PERIODICALLY	<input type="checkbox"/>	<input type="checkbox"/>
PROPER EXTINGUISHERS FOR OCCUPANCY	<input type="checkbox"/>	<input type="checkbox"/>	INSIDE HOSES ACCESSIBLE	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHERS PROPERLY CHARGED	<input type="checkbox"/>	<input type="checkbox"/>	INSIDE HOSES IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
EXTINGUISHERS PROPERLY LOCATED AND PLACED (HUNG ON SUPPORTS)	<input type="checkbox"/>	<input type="checkbox"/>	PRIVATE YARD HYDRANTS ACCESSIBLE AND IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

SPECIAL EXTINGUISHING SYSTEMS (IF APPLICABLE) NA

	Yes	No		Yes	No
SPECIAL EXTINGUISHING SYSTEM IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	MANUAL ACTUATORS UNOBSTRUCTED	<input type="checkbox"/>	<input type="checkbox"/>
DETECTION DEVICES FOR SYSTEM IN SERVICE	<input type="checkbox"/>	<input type="checkbox"/>	SYSTEM IS SERVICED BY CERTIFIED CONTRACTOR	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

FIRE DOORS, FIRE WALLS NA

	Yes	No		Yes	No
FIRE DOORS WELL MAINTAINED	<input type="checkbox"/>	<input type="checkbox"/>	COMBUSTIBLE STORAGE AT LEAST 3 FT. FROM FIRE DOOR	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DOORS FREE FROM OBSTRUCTIONS OR BLOCKAGE	<input type="checkbox"/>	<input type="checkbox"/>	FIRE DOORS PROVIDED WITH PERIODIC MAINTENANCE AND DROP TESTING PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
FIRE DOOR ARRANGED FOR AUTOMATIC CLOSING	<input type="checkbox"/>	<input type="checkbox"/>	HORIZONTAL PENETRATIONS IN FIRE WALLS PROPERLY SEALED	<input type="checkbox"/>	<input type="checkbox"/>
FUSIBLE LINKS FREE FROM PAINT	<input type="checkbox"/>	<input type="checkbox"/>	FIRE WALL IN GOOD STRUCTURAL CONDITION	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

GENERAL CONDITIONS/ SPECIAL HAZARDS

	Yes	No		Yes	No
GOOD HOUSEKEEPING NOTED THROUGHOUT	<input type="checkbox"/>	<input type="checkbox"/>	MECHANICAL VENTILATION SYSTEMS OPERATING	<input type="checkbox"/>	<input type="checkbox"/>
MINIMAL AISLE STORAGE NOTED IN WHSE. AREAS	<input type="checkbox"/>	<input type="checkbox"/>	AEROSOLS KEPT IN METAL CABINETS	<input type="checkbox"/>	<input type="checkbox"/>
SMOKING REGULATIONS ENFORCED WITH SIGNS POSTED THROUGHOUT	<input type="checkbox"/>	<input type="checkbox"/>	COMPRESSED CYLINDERS PROPERLY STORED AND CHAINED	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE SKIDDED OFF FLOOR	<input type="checkbox"/>	<input type="checkbox"/>	IDLE PALLET STORAGE BELOW 6 FT.	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE WELL ARRANGED TO PREVENT COLLAPSE	<input type="checkbox"/>	<input type="checkbox"/>	ELECTRICAL EQUIPMENT IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
COMBUSTIBLE WASTE REMOVED PROMPTLY	<input type="checkbox"/>	<input type="checkbox"/>	HEATING SYSTEM IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
COMBUSTIBLES COMPLETELY REMOVED FROM COMPUTER /ELECTRICAL/MECHANICAL ROOMS	<input type="checkbox"/>	<input type="checkbox"/>	PROCESS FUEL-FIRED EQUIPMENT IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
DUST/LINT OR OILY DEPOSITS REMOVED FROM CEILINGS, BEAMS OR EQUIPMENT	<input type="checkbox"/>	<input type="checkbox"/>	OUTSIDE YARD STORAGE ADEQUATELY SEPARATED FROM BUILDING	<input type="checkbox"/>	<input type="checkbox"/>
FLAMMABLE LIQUID DISPENSING CONTAINERS PROPERLY GROUNDED	<input type="checkbox"/>	<input type="checkbox"/>	ADEQUATE PROTECTION AGAINST THEFT AND VANDALISM	<input type="checkbox"/>	<input type="checkbox"/>
FLAMMABLE LIQUID DISPENSING CONTAINERS PROVIDED WITH SAFETY RELIEF BUNGS	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING ROOF CONSTRUCTION IN GOOD CONDITION	<input type="checkbox"/>	<input type="checkbox"/>
FLAMMABLE LIQUID DISPENSING CONTAINERS PROVIDED WITH SELF CLOSING FAUCETS	<input type="checkbox"/>	<input type="checkbox"/>	BUILDING ROOF FREE FROM PONDING OR LEAKAGE	<input type="checkbox"/>	<input type="checkbox"/>
FLAMMABLE LIQUIDS KEPT IN METAL CABINETS OR PROPERLY DESIGNED ROOM	<input type="checkbox"/>	<input type="checkbox"/>	DOMESTIC VALVES AND PIPES PROPERLY LABELED AND TAGGED	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL COMMENTS:

Additional Comments: