



**Office of the State Fire Marshal**  
**Report of Inspection, Testing and Maintenance Of**  
**Wet Pipe Fire Sprinkler System**

Inspector Name: \_\_\_\_\_ Date: \_\_\_\_\_

Inspection Frequency:  Monthly       Quarterly       Annually       Weekly

<b>Inspection for Wet Pipe Sprinkler System</b>	YES	NO	N/A
A.1.0 System in service on inspection			
A.2.0 Supply Pressure Gauge	PSI:		
A.2.1 System Pressure Gauge	PSI:		
A.2.2 Gauges appear to be in good condition			
A.3.0 Control valves in normal open			
A.3.1 Control valves properly locked or supervised			
A.3.2 Control valves accessible			
A.3.3 Control valves provided with appropriate wrenches			
A.3.4 Control valves free from external leaks			
A.3.5 Control valve identification signs in place			
A.3.6 System control valve sign indicates area served			
A.4.0 Backflow prevention assembly valves are locked or electronically supervised in open position			
<b>FIRE DEPARTMENT CONNECTION</b>			
A. Obstructions			
B. Swivels Freely			
C. Dry-Not leaking			