

# Loss Control



FARMERS

## Information Bulletin

NUMBER 4

### Water-Based Extinguishing Systems Self-Inspection Checklist (Intro from Bulletin 3)

<b>Water Supplies</b>	<b>YES</b>	<b>NO</b>
1. Water flow test made and results satisfactory? When? _____ By whom? _____	<input type="checkbox"/>	<input type="checkbox"/>
<b>Fire Department Connections</b>	<b>YES</b>	<b>NO</b>
2. Fire department connections in satisfactory condition, couplings free, caps in place and check valves tight?	<input type="checkbox"/>	<input type="checkbox"/>
Accessible?	<input type="checkbox"/>	<input type="checkbox"/>
Location(s) identified?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Control Values</b>	<b>YES</b>	<b>NO</b>
3. Sprinkler system main control valve(s) open? Protected against tampering?	<input type="checkbox"/>	<input type="checkbox"/>
4. Other valves in good condition and in proper position?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Sprinklers – Piping</b>	<b>YES</b>	<b>NO</b>
5. Sprinklers in good condition, not obstructed and free of corrosion or loading?	<input type="checkbox"/>	<input type="checkbox"/>
6. Sprinklers less than 50 years old?	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate number of proper heat rated extra sprinklers readily available, with wrench?	<input type="checkbox"/>	<input type="checkbox"/>
8. Condition of piping, drain valves, hangers, pressure gauges and sprinklers satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>
9. System drains to safe locations?	<input type="checkbox"/>	<input type="checkbox"/>

**Wet Systems****YES NO**

- 
10. Cold-weather valves open or closed, as necessary?
11. Anti-freeze system(s) tested and left in satisfactory condition?    
Water pressure above \_\_\_\_\_ below \_\_\_\_\_ main system check valve?
13. Building properly heated in blind attics and perimeters, and openings protected against entrance of cold air?

**Dry Systems****YES NO**

- 
14. Dry valve in service and in good condition?
15. Dry valves trip tested satisfactorily as required?
16. Protected from freezing? \_\_\_\_\_ Temperature? \_\_\_\_\_
17. Valve house and heater condition satisfactory? \_\_\_\_\_ Type? \_\_\_\_\_
18. Air pressure and priming water level proper?    
Pressure of air? \_\_\_\_\_ of water? \_\_\_\_\_
19. Air compressors in good condition?
20. Low points drained during fall and winter inspections?
21. Quick Opening Devices provided and in service?
22. Piping checked for stoppage within past 10 years?
23. Piping checked for proper pitch within past 5 years?

**Alarms****YES NO**

- 
24. Water motor gong test satisfactory?    
Date \_\_\_\_\_ By whom? \_\_\_\_\_
25. Electric alarm test satisfactory?    
Date? \_\_\_\_\_ By whom? \_\_\_\_\_
26. Supervisory alarm service devices test satisfactory?

**General****YES NO**

- 
27. Building completely sprinklered?    
If not, % sprinklered \_\_\_\_\_
28. All systems in service?

	YES	NO
29. New additions and building changes properly protected?	<input type="checkbox"/>	<input type="checkbox"/>
30. Floor drains provided and open?	<input type="checkbox"/>	<input type="checkbox"/>
31. Stock or storage properly below sprinkler piping?	<input type="checkbox"/>	<input type="checkbox"/>
32. Property free of fires since last inspection? If no, explain _____.	<input type="checkbox"/>	<input type="checkbox"/>
33. Fire pumps, gravity tanks, reservoirs and pressure tanks in good condition?	<input type="checkbox"/>	<input type="checkbox"/>

### Special Systems

	YES	NO
34. Valves tested as required? When? _____ By whom? _____	<input type="checkbox"/>	<input type="checkbox"/>
35. Heat responsive systems tested and results satisfactory? When? _____ By whom? _____	<input type="checkbox"/>	<input type="checkbox"/>
36. Supervisory features tested and results satisfactory? When _____ ? By whom? _____	<input type="checkbox"/>	<input type="checkbox"/>

### Heat Responsive Devices

	YES	NO
37. Heat responsive devices tested? Types? _____ Temperature ratings? _____ Inspected By: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>

### Comments:

---



---



---

Inspected By: \_\_\_\_\_ Date: \_\_\_\_\_

*This bulletin is intended only as a reminder and is offered solely as a guide to assist management in its responsibility of providing a safer working environment. This bulletin is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe acts or hazardous conditions should also be noted and corrective action taken.*