



Checklist

# Fire Protection Inspection Checklist

The most important function of a fire protection inspection is to make sure sprinkler systems operate.

## Why make inspections?

Automatic sprinklers are your best defense against fire. The only way to ensure your fire equipment operates is to inspect and test it regularly. Management support is a must.

## Who performs inspections?

The fire prevention inspector reports findings and takes immediate action to correct deficiencies.

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# Fire Protection Inspection Checklist

## Minimum Valve Supervision Intervals

	Inspect Visually	Try Physically
Outside Screw and Yoke and Indicating Butterfly Valves	once a week	_____
Locked PIVs, Wall Post Indicators and Curb Boxes	once a week	once a month
Unlocked PIVs, Wall Post Indicators and Curb Boxes	—————>	once a week
<b>Exceptions:</b> valves that are “mysteriously” shut, damaged or legitimately impaired	—————>	more frequently than weekly; as often as needed to ensure protection

## The inspector:

- Must be completely familiar with the facility and its hazards, layouts, operations and protection
- Should understand how the fire protection system works, where sprinkler control valves are located, and what conditions could make sprinklers inoperative
- Should eliminate potential ignition sources; check private water supplies, housekeeping and maintenance

## What will be inspected?

Sprinkler systems are top priority. Shut valves, plugged lines, inadequate maintenance or other problems can keep sprinkler systems from operating.

## Valve supervision

Inspect all valves that control water to automatic fire protection systems. Consult FM Global Property Loss

Prevention Data Sheet 2-81, *Fire Safety Inspections and Sprinkler System Maintenance*. Include:

- division valves that enable maintenance personnel to isolate parts of fire protection system piping without shutting down all protection
- smaller valves on sprinkler piping that control separate systems, such as spray-booth sprinkler systems
- valves on pumps, tanks and reservoirs

## Use FM Global's Red Tag Permit System

FM Global's *Red Tag Permit System* should be used for all valve closures, regardless of the reason or duration of the closure. If an improperly closed valve is found, correct the problem as soon as possible. Do not ignore a valve with a *Red Tag Permit* on it. The tag is a reminder that an impairment exists.

## Checklist

Carry the *Fire Protection Inspection Form* (F264) (at right) and complete it while making an inspection, or use it as a guide to develop your own form. Submit the completed form to a supervisor who is responsible for reviewing conditions with the inspector. Correct any undesirable conditions as soon as possible. Report findings to the supervisor immediately, even during the inspection.

## FM Global assistance

An FM Global engineer is available to answer any questions about the inspection. Contact your local FM Global office for assistance.

## Important FM Global resources

- *Controlling the Shut Valve Hazard* (P7133)
- *Managing Fire Protection System Impairment* (P9006).
- Managing Impairments using FM Global's *Red Tag Permit System* (Online course available to clients only. Visit <http://training.fmglobal.com> for details.)



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P9116 Printed in USA (8/07)  
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1 Windsor Dials, Windsor, Berkshire, SL4 1RS  
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# Fire Protection Inspection Form

Account Number:

Index Number:

<b>Sample Only</b>	No one form can be designed to fit all conditions. Use this sample as a basic guide in developing your own form. Items that do not apply can be omitted; other items can be expanded or added as desired. <b>For assistance, consult the FM Global engineer who visits your facility, and reference FM Global Data Sheet 2-81, Fire Protection System Inspection, Testing and Maintenance and other Fire Loss Prevention Inspections.</b>
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<b>Instructions to Inspector:</b>	Complete this form while inspecting fire protection. Send the completed form to your supervisor for necessary action. The report should be held for review by the FM Global engineer who visits your facility.
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Facility:	Location:	Date:
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**Valve Inspections**  
**Visually inspect all locked valves weekly and physically try them monthly as required.\* Record both weekly and monthly inspections.**

\*Physically try gate valves, including non-indicating and indicator-post-gate valves. FM Approved post-indicator-valve assemblies (PIVAs), indicating-butterfly valves (IBVs) and standard outside-screw-and-yoke (OS&Y) valves do not have to be tried, but should be checked visually at close range.

All inside and outside valves controlling sprinklers or fire protection water supplies are listed below. Check the condition of the valve. Do not report a valve open unless you have personally inspected it.

	Valve Location	Area Controlled	Open	Shut	Locked	Physically Turned
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						

The FM Global *Red Tag Permit System* is used to guard against delayed reopening of valves. The *Red Tag Permit* should be used every time a sprinkler control valve is closed. When the valve is reopened, the 2-in. (51-mm) drain should be flowed wide-open to ensure there is no obstruction in the piping. The valve then should be relocked.

Were any valves closed since the last inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Were FM Global <i>Red Tag Permits</i> used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was the valve(s) reopened fully and a 2-in. (51-mm) drain test conducted before the valve(s) was relocked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		

**inspect these items At Least Weekly**

<b>SPRINKLERS</b>	<b>Automatic Sprinklers</b>	Spare heads available? <input type="checkbox"/> Yes <input type="checkbox"/> No			Obstructed by high piling (18- to 36-in. [46- to 91-cm] clearance)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Heat adequate to prevent freezing (40° F [4° C] min.)? (Note broken windows, etc.) min. temp.			Water Pressure	Pounds (kilograms) at yard level:				
	Any heads disconnected or needed:				Comments:					
<b>DRY-PIPE VALVES</b>	<b>Valve Room Properly Heated?</b>	No. 1 Min.: 42° F/6° C Measured: F/C	No. 2 Min.: 42° F/6° C Measured: F/C	No. 3 Min.: 42° F/6° C Measured: F/C	No. 4 Min.: 42° F/6° C Measured: F/C					
	<b>Air Pressure</b>	No. 1 Min.: lbs./kg Measured: lbs./kg	No. 2 Min.: lbs./kg Measured: lbs./kg	No. 3 Min.: lbs./kg Measured: lbs./kg	No. 4 Min.: lbs./kg Measured: lbs./kg					
<b>WATER SUPPLIES</b>	<b>Fire Pump</b>	Fire pump pressure: Start Stop			Packings cool? <input type="checkbox"/> Yes <input type="checkbox"/> No					
		Jockey pump pressure: Start Stop			Fuel tank level ( <sup>3</sup> / <sub>4</sub> min.)					
		Pump room properly heated? ( ° ___ F/C min.) Temp. ° F/C		Properly ventilated? <input type="checkbox"/> Yes <input type="checkbox"/> No		Fire pump started on automatic? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Tank or Reservoir</b>	Full? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time to overflow tank: Mins.		Heating system in use? <input type="checkbox"/> Yes <input type="checkbox"/> No				
		Temp. at cold water return (should be 42° F [6° C] min.):			Circulation good? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Inside Hose</b>	In good condition? <input type="checkbox"/> Yes <input type="checkbox"/> No			Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No						
<b>Fire Doors</b>		Condition:		Close properly? <input type="checkbox"/> Yes <input type="checkbox"/> No		Obstructed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Blocked open? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>OCCUPANCY</b>	<b>General Order Neatness</b>	Good? <input type="checkbox"/> Yes <input type="checkbox"/> No		Combustible waste removed on schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		How often?				
		Presence of combustible dust, lint or oil deposits on ceilings, beams, machines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, arrange for cleaning and investigate the source.					List areas needing attention, including yard:			
	<b>Electrical Equipment</b>	Defects noted? <input type="checkbox"/> Yes <input type="checkbox"/> No								
	<b>Flammable Liquid</b>	Safety cans used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Low-level vent fans on? <input type="checkbox"/> Yes <input type="checkbox"/> No		Flammable liquid cabinets used? <input type="checkbox"/> Yes <input type="checkbox"/> No		Grounding straps, self-closing faucets and safety buns in use? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Smoking Regulations</b>	Locations where violations noted:				Corrective action taken:				
	<b>Hot Work</b>	Permits issued for all hot work applications? <input type="checkbox"/> Yes <input type="checkbox"/> No				Listed precautions taken? <input type="checkbox"/> Yes <input type="checkbox"/> No				
	<b>Storage</b>	Well-arranged? <input type="checkbox"/> Yes <input type="checkbox"/> No			Aisles clear? <input type="checkbox"/> Yes <input type="checkbox"/> No			Clear of lamps, heaters (36 in. [91 cm] min.)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other items:										

**Inspect These Items At Least Monthly**

<b>MANUAL PROTECTION</b>	<b>Extinguishers</b>	Charged? <input type="checkbox"/> Yes <input type="checkbox"/> No		Any missing? <input type="checkbox"/> Yes <input type="checkbox"/> No		Accessible? <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of extinguishers needing attention:	
	<b>Yard Hydrants and Hose</b>	Condition: No. 1		No. 3		No. 5		No. 7	
		No. 2		No. 4		No. 6			
Hydrants drained? <input type="checkbox"/> Yes <input type="checkbox"/> No		Remarks:							
Other items:									

**Inspect These Items At Least Quarterly**

<b>Sprinkler Alarms</b>	Tested? <input type="checkbox"/> Yes <input type="checkbox"/> No		Time for alarm		Operation satisfactory? (If no, comment below.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other items:								

Inspected by:				Date:				
Reviewed by:				Title:			Date:	