

Fire Protection Equipment Inspection/Testing Survey

Institution/Complex Name: _____
Building Name: _____
Building Address: _____
Date Survey Completed: _____
Name of Individual Completing Survey: _____
Job Title: _____
Phone #: _____
Email: _____

Instructions:

Place an “I” for Inspected and/or “T” for Tested in the appropriate boxes below.
 Place an “X” in the appropriate boxes to indicate whether or not the item has been documented.
 Place an “X” in the N/A box if the item is Not Applicable.

#	Fire Protection Equipment	N/A	Inspection/Testing Frequency?					NFPA Codes	Documented?		
			Weekly	Monthly	Quarterly	Semiannual	Annual		Y	N	
1	Control Valves; includes water supply, sprinkler system, sectional valves							25 Table 12.1			
2a	Fire Pumps - Electric							25 Table 8.1			
2b	Fire Pumps - Diesel							25 Table 8.1			
2c	Fire Pumps - Steam							25 Table 8.1			
3	Water Supply Tanks							25 Table 9.1			
4	Public Water							25 Table 12.1			
5	Special Extinguishing Systems							11/11A/12/12 A16/17/17A/7 50			
6	Fire Doors							80/221			
7	Sprinkler, Water Spray Systems							25 Table 5.1			
8	Inside Hose, Standpipe Systems							25 Table 6.1			
9	Fire Hydrants, Monitor Nozzles							25 Table 7.1			
10	Portable Fire Extinguishers							10 Chapter 6			
11	Automatic Detection Systems, Manual Fire Alarm Systems							72 Table 10-4.3			
12	Mobile Fire Apparatus							1901			
13	Does the building have a written Fire Protection Impairment Program? (An impairment of any fire protection system occurs when that protection system, alarm or detection device is partially or totally removed from service. This includes planned and emergency outages of the systems or devices)						YES	NO	IFC 2003 901.7		

Comments: _____