



Alliance

Fire Protection Services, Inc.

6100 GA Hwy 20 Loganville, GA 30052
 GA State License# 2167B
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Industrial System Inspection Report

Date: _____
 Tech: _____
 Annual: _____ Semi: _____

Customer: _____

Address: _____

Authorized Representative: _____ Phone: _____

Number of Cylinders: _____ System MFG: _____ Cylinder Size(s): _____

System Serial #: _____ Rate of Fusible Links: _____ Number of Links: _____

MFG. Date or Last Hydro: _____

System Check Off List

1 Properly covered with correct nozzles in work area	S	UN
2 Duct & filter plenum covered and check position of nozzles	S	UN
3 System installed in accordance with mfg. UL listing	S	UN
4 Pressure gauge in proper range	S	UN
5 Check cartridge weight	S	UN
6 Test system from terminal Link, Test from remote pull	S	UN
7 Micro switch operation	S	UN
8 Proper nozzle covers in place	S	UN
9 Check travel of cable(s)-hook	S	UN
10 Piping & conduit securely bracketed	S	UN
11 Exhaust fan in operating order	S	UN
12 System operational & seals in place	S	UN
13 Proper hand portable extinguishers	S	UN

Notes:

Do Filters need to be changed?

On this date, the above system was inspected in accordance with NFPA 10, 17 and mfg SVC manuals. I have read the terms and conditions on the reverse side.

Date: _____

Customer Signature: _____
