

Sprinkler Routine Inspection

A sprinkler routine-check record with system identity, approved schedule, visual observations, authorised test references and impairment notifications.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

For trained persons working within an approved routine schedule. This is not system commissioning, hydraulic design verification or permission to operate valves or disable protection.

BAFSA describes routine checks and specialist maintenance for sprinkler-protected buildings. Use the system's applicable standard, approved schedule and competent contractor advice; routine observations do not replace specialist servicing.

2. System and schedule

System, protected area and responsible person *

Applicable standard and maintenance schedule *

Authorised procedure and checker training reference *

Last specialist service and open defects

3. Routine observations

Visible heads and guards checked for damage or obstruction * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Control valves observed in their documented normal state * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Alarm panel and supply status observed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Protected areas checked for relevant storage or layout changes * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Plant-room access and visible leaks checked * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

4. Tests and impairment

Authorised tests performed, results and report references

Impairment identified * (choose one)

☐ No impairment identified within scope ☐ Impairment or uncertainty

Affected areas, responsible person notified and interim measures * (if applicable)

Identify who was notified of an impairment, when and under which site procedure. Record restoration separately.

Specialist restoration and verification reference

Observed condition evidence (photos: attach, or note the file names)

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *

Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.