WET CHEMICAL SYSTEM ACCEPTANCE TEST REPORT

Property Information

Building name: _____

Address: _____

Building owner: _____

Address: _____

Phone/Fax/E-mail: _____

Designer/Installer Information

Company name: _____

Address: _____

Contact person: _____

Phone/Fax/E-mail: _____

Description of hazard protected: _____

_____

System manufacturer/model: _____

System Check or Test	Results
Installation in accordance with approved plans, where required, and manufacturer's design, installation, and maintenance manual	
Piping test (7.4.4)	
Proper labeling (7.4.5)	
Proper alarm operation (7.4.6)	
Manual release accessibility (7.4.7)	
Releasing control panel (7.4.9)	
Automatic detection & manual release (7.4.8)	
System properly charged and left in normal "set" condition (7.4.10)	
Manual left with owner (7.4.10.4)	
Date system left in service:	

Test Witnessed By:

Owner/Authorized agent	Title	Date
Installing contractor	Title	Date

Additional comments:

_____

_____

_____

© 2020 National Fire Protection Association