## **Water Mist Systems**

## **General Information**

Date:	Inspector:			System:
Location:				
General				
System designation				
Building				
Has system been modified since last ins		☐ Yes	☐ No	
What is hazard protected?				
Valves				
How are valves supervised?		Seated	Locked	☐ Tamper switch
Are valves identified with signs?		Yes	☐ No	
Water Supply				
Is water supply filtered?				
Are storage tanks, if used, in good cond	ition?	Yes	☐ No	
Pumps				
When was pump last inspected?				
Is pump in good condition?		Yes	☐ No	
Detection System (if any)				
When was the detection system last insp	pected?			
Operating Instructions				
Are operating instructions present?		Yes	☐ No	
Notes				