

For use of this form, see TM 5-697; the proponent agency is COE.

1. PLANT	2. LOCATION	3. JOB NUMBER
4. EQUIPMENT	5. SYSTEM DESIGNATION	6. DATE (YYYYMMDD)
7. TEST EQUIPMENT		8. TESTED BY

9. FIRE DETECTION CONTROL PANEL AND SYSTEM MANUFACTURER	10. MODEL NO	11. SERIAL NO	12. LOCATION
13. FIRE RISER		14. LOCATION	

15.	CHECK POINT	COND*	NOTES	CHECK POINT	COND*	NOTES
	EXTERIOR OF EQUIPMENT			EQUIPMENT IDENTIFICATION		
	COMPLETENESS OF ASSEMBLY			FREEZE PROTECT, VENTS AND DRAINS		
	CONTROL SYSTEM DISPLAY			LABELING AND TAGGING		
	ELECTRICAL/MECHANICAL INTERLOCKS			WALLS AND OBJECTS NEAR SPRINKLER HEADS		
	SAFETY INTERLOCKS			MATERIALS BEING STORED		
	INSTRUMENTS AND ALARMS			OCCUPANCY		
	PROPER GROUNDING			PAD LOCKS		
	PROPER INSULATION			ACCESS NEAR RISER, PANEL AND FDC		
	LOCATION OF SPRINKLER HEADS			ANCHORAGE AND PIPE HANGERS		
	CONDITION OF SPRINKLER HEADS			COMPARISON TO DRAWINGS		

16.	DESCRIPTION	NOTES
GAUGES		
BATTERY AND CHARGER		

17.	OPERATING MODES	TEMPERATURES	PRESSURES	FLOWS	LEVELS	NOTES
HYDROSTATIC TEST						
ALARM/STROBES						
FLOW AND TAMPER SWITCHES						
PULL STATIONS						
FLOW TEST						
SYSTEM TEST						

\* CONDITION: A = ACCEPTABLE; R = NEEDS REPAIR, REPLACEMENT OR ADJUSTMENT; C = CORRECTED; NA = NOT APPLICABLE