

GLOBESPEC SPRINKLER INSPECTION REPORT

File#:	Client:	
Homeowners:	Age of Property:	Inspection Co:
Occupied: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Inspection Date:	Temp:	Persons present during Inspection:
Time:	Weather:	

Comments:

The purpose of this inspection is to report the present "as is" and visible condition of the sprinkler system and its related components.

1. Number of Zones:	
2. Does the control timer operate in the automatic mode?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. Does each zone operate in the manual mode?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. Are there any visible leaks?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Are there any broken heads?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

6. Are shut off/drain valves present?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
7. Do pop up heads operate?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
8. Is water pressure/flow adequate?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
9. Backflow prevention device present?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

Inspected By:	Date:
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