

# Owner's Visual Monthly Inspection Checklist - [FDNY REQUIREMENT]

Location: \_\_\_\_\_  
Inspection Date: \_\_\_\_\_  
Name (Print): \_\_\_\_\_



Inspection Items	Check Mark	Description of The Issue (if check "No")
The extinguishing system is in its proper location.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
Extinguishing agent cylinder(s) is/are intact.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
System piping is intact.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
All nozzles are intact.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
All protective nozzle caps are intact and undamaged.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
No obvious physical damage or condition exists that might prevent operation.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
All fusible links or other fire detection devices are clean.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
Access to each manual activation device for the fire extinguishing system is not obstructed.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
The tamper indicators and seals are intact.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
The pressure gauge(s), if provided, has been inspected physically or electronically to ensure it is in the operable range.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
The protected equipment has not changed without FDNY's approval (e.g. no replacement, modification or relocation of the equipment).	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
Each movable appliance is positioned at its designated location (e.g. within the yellow line markings)	<input type="checkbox"/> Yes; <input type="checkbox"/> No	
The maintenance tag for the fire extinguishing system is in place and has not expired.	<input type="checkbox"/> Yes; <input type="checkbox"/> No	

I here certify that I have visually inspected the item listed above based on the training I received, and I have immediately notified the owner or the owner's representative to contact the responsible S-17 or S-71 COF holder to fix any issue listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date