Valve Shut

Area inspected: Date:

Item to Check
Valve controlling system number
Shut on (date):
At (time):
By:
Authorised by:
Reason for shutting:
Have the following been informed?
Area Manager:
Risk Manager:
Works fire party:
Security personnel:
Fire brigade:
ACE Insurance SA-NV:
Valve opened on (date):
At: (time):
By:
Steady water pressure with the sprinkler drain valve fully open:
Is the alarm system working correctly?
Tested by:

This tag should be filed for future reference

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