Continuation Form for Deficiencies and Comments **Page _____ of _____**

Date of Inspection, Testing, Maintenance: _____

Property Information:

Name: _____

Address: _____

_____

City: _____

Type of System:

☐ Sprinklers (Chapter 5)
System Riser ID: _____
☐ Standpipe (Chapter 6)
☐ Private Fire Main (Chapter 7)
☐ Fire Pump (Chapter 8)
Fire Pump No. or ID: _____
☐ Water Storage Tank (Chapter 9)
☐ Water Spray System (Chapter 10)
System Riser ID: _____
☐ Foam-Water System (Chapter 11)
System Riser ID: _____

Item	**Deficiencies and Comments:** **Deficiencies and Comments Item number must correspond to the Item number of the Activity listed above:**

_____ _____
Signature Date