



PRE-ACTION / DELUGE SYSTEM INSPECTION & TESTING

Date	Application No.
Project / Establishment Name	
Building Permit No. / Commercial Register No.	PIN *

Building No	رقم المبني		
Area	منطقة	Street	شارع
Unit No	رقم الوحدة		

SYSTEM INFORMATION

Type of System	Pre-action	Deluge	
Type of Operation	Single-Interlock	Double-Interlock	Non-Interlock

TESTING

Checklist	Inspected & Tested
	Passed
Installation/maintenance is as per approved QCDD drawing and manufacturer's recommendation	
System is operational	
Automatic operation	
Manual operation	
Protected room is properly labeled	
Check valve for leaks	
Interfaced with FACP	

Item No.	Protected Room	Floor Level Location
01		
02		
03		
04		
05		

Item No.	Protected Room	Floor Level Location
06		
07		
08		
09		
10		

Declaration and Acknowledgement

1. We hereby declare that the information filled-up on this form is true and correct and that all system and equipment are installed/operational in accordance with approved QCDD drawings, NFPA, QCDD codes & standards, and Maintenance Manual and/or manufacturer recommendation.

2. The building is ready for QCDD inspection/assessment and successfully completed all necessary Inspection, Testing and Maintenance Work in accordance with NFPA, QCDD codes & standards.

QCDD Approved Engineer
(Printed Name with Signature, Stamp & Date)

ID No. & Mobile No.

Facility Manager / Owner's Representative / Consultant *
(Printed Name with Signature, Stamp & Date)

UPDA No.* / ID No. & Mobile No.

Note: * Required/mandatory for Building Completion