



FOAM 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		

Checklist	Inspected & Tested
	Passed
Installation/maintenance is as per approved QCDD drawing and manufacturer's recommendation	
Check for physical damage	
Protected room is properly labeled	
Interfaced with FACP	

MODES OF OPERATION

AUTOMATIC OPERATION	Inspected & Tested
	Passed
First alarm test (1 st device activation)	
Second alarm test (2 nd device activation)	

MANUAL OPERATION	Inspected & Tested
	Passed
Activation of manual release station.	

CONDUCTIVITY TEST

Protected Room		Floor Level Location			Concentration
Sample	Pre-Mix		Discharge		Passed
	Foam Concentrate %	Reading	Time (sec)	Reading	
No. 1					
No. 2					
No. 3					

Protected Room		Floor Level Location			Concentration
Sample	Pre-Mix		Discharge		Passed
	Foam Concentrate %	Reading	Time (sec)	Reading	
No. 1					
No. 2					
No. 3					

Protected Room		Floor Level Location			Concentration
Sample	Pre-Mix		Discharge		Passed
	Foam Concentrate %	Reading	Time (sec)	Reading	
No. 1					
No. 2					
No. 3					

Protected Room		Floor Level Location			Concentration
Sample	Pre-Mix		Discharge		Passed
	Foam Concentrate %	Reading	Time (sec)	Reading	
No. 1					
No. 2					
No. 3					

Test Equipment

Instrument/s Used		Calibration Date	
Serial No		Calibration Certificate No.	

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