

FIXED GAS EXTINGUISHING SYSTEM WEEKLY CHECKLIST

Note:- Please tick (/) in the column if the answer is Yes and cross (X) if the answer is No. - For crossed (X) item complete the action to be taken on the next page.

NO	ITEMS TO CHECK	INSTALLATION NUMBER																			
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
1.	Is the room locked?																				
2.	Is the green light at the entrance ON?																				
3.	Is the room clear from any form of storage?																				
4.	Are all indicator lights on the control panel in good working condition?																				
5.	Is the system switched ON?																				
6.	Are all switches set to NORMAL (NOR) position?																				
7.	Are battery and battery charger in good working condition?																				
8.	Is the control panel box locked?																				
9.	Is the emergency manual release key conveniently secured in a break glass box?																				
10.	Are the discharge nozzles physically in good condition and unobstructed?																				
11.	Are the heat / smoke detectors physically in good condition and unobstructed?																				
12.	Is the actuator wire connected to the cylinder?																				
13.	Is the cylinder pressure adequate? (indicator of pressure gauge in green zone, if provided).																				
14.	Are the gas storage cylinders and associated equipment free from corrosion?																				
15.	Are the voids and openings adequately sealed or protected by drop curtain or otherwise?																				
16.	Is the drop curtain help in rolled up state and unobstructed?																				
17	Are the wire loop and hook of the drop curtain linked to the release mechanism and not permanently jammed or tied to wall?																				



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Installation Number	Action to be taken	Date action completed		
Signature (inspected by	y)			
Date :				