

HOW TO USE THE AS 1851-2012 LOGBOOKS

LB2A Automatic Fire Sprinkler Systems – Wet Pipe Systems

Monthly Service Record – Page 1 of 1

Your service provider is: _____

Record service provider details here, using a stamp or handwriting. Books with pre-printed company information available soon.

Unique number and barcode assigned to each logbook form.

CB-AA10000101

Site Name: _____ Date: ____/____/____ Work Order No.: _____

Site Address: _____ Time: _____ Site ID: _____

Record site details here (site name; site address; site ID number; date of service; time of service and order number).

Item No.	Actions required by Table 2.4.2.1	Pass	Fail	N/A
	All previous defects and non-conformances attended to and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Control valve assembly is unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Fire sprinklers and spanner are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Check for damage, legibility and location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Brigade booster connection is operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.5	Check main stop valves and alarm cocks are open, secured and labelled	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.6	Check pump starting devices are open and secured	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.7	Check pressure switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.8	Check alarm signalling equipment (ASE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.9	Check sprinkler system interface status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10a	Verify water supply stop valves are open and secured	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Summarised actions from corresponding service schedules in the relevant standard. **Record** here as pass, fail or not applicable.

Item No.	Actions required by Table 2.4.2.1	Pass	Fail	N/A
1.10b	Verify water supply stop valve position indicators	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.10c	Verify each valve monitor indicates at CIE	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.11	Record and verify system pressure gauge readings before alarm function test (record in table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.12	Conduct alarm function test and verify time of operation gong(s) (record in table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.13	Verify alarm signal operation	No. checked <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.14	Check operation of strobe indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.15	Record and verify system pressure gauge readings after alarm function test (record in table below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.19	Check foam concentrate levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.16 & 1.17	Test automatic and manual pump starting devices in accordance with item 1.13 and 1.17 of Table 3.4.1. Record results in pumpset logbook.	No. of devices checked Auto <input type="checkbox"/> Manual <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Record results of actions here. Where results are more complex or need to cater for multiple systems or components, record results in specified sections below.

Alarm function test results	No. 1	No. 2	No. 3	No. 4	No. 5	No. 6	No. 7	No. 8	No. 9	No. 10	No. 11	No. 12
Installation pressure before test – 1.11 kPa												
Time to operation of alarm gong – 1.12b Secs												
Installation pressure after test – 1.15 kPa												

Pressure readings 1.15	Location 1	Location 2	Location 3	Location 4
Below Stop Valve kPa				
Water Supply 1 kPa				
Water Supply 2 kPa				

Associated / Connected Equipment Service Completed	Yes	No	N/A	If No or N/A, indicate reason below
Monthly pumpset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly water storage tank (Item 1.18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monthly CIE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Record here if routine service of associated equipment has been completed where a system relies on other systems or equipment to perform correctly.

Activity / System Failures & Comments

Defect Type Identified

- 1 – Critical Defect
- 2 – Non Critical Defect
- 3 – Non Conformance
- 4 – Recommendations

Declaration that the system or equipment has been serviced in accordance with the respective standard. Includes a disclaimer that completion of routine service is *not* confirmation that neither the fire protection system or equipment nor the building is fully compliant with all applicable building and fire safety legislation.

Notes section that can link the primary service record to additional Notes Pages in which to **record** additional defects, repairs, notes or recommendations.

Record technician details here (name, signature and service date).

I declare that the information on this service record is true and correct. This record does not infer compliance with all applicable building and fire safety legislation within the relevant jurisdiction.

QUEENSLAND BUILDINGS ONLY Maintenance complies with QDC, MP6.1
System is in proper working order

Technician Name: _____ Signature: _____ Date: ____/____/____

Licence / Permit Holder Name: _____ Licence No.: _____ Licence Type: _____ FPAS No.: _____

Record licence/permit holder details here (name, licence number, licence type and FPAS number).

Client Name: _____ Signature: _____ Date: ____/____/____

Record client details here (name, signature and service date).

Distribution of service records: Original _____ Copy to occupant _____ Copy to _____ Copy to _____

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