



TEST AND MAINTENANCE REPORT - PRIVATE FIRE HYDRANT

Inspection Date: _____

Business/Property Information:

Facility: _____
 Address: _____
 Contact Person: _____ Phone No.: _____
 Hydrant # _____ Location: _____
 Hydrant Type: _____ No. of hydrants at this location: _____

Test Type	
New Installation	[]
Annual	[]
Other (Describe):	[]

Report of private fire hydrant service condition:

Condition Checked	Status (Pass/Fail)	Corrective Action
Access to hydrant maintained		
Paint and Identification Number		
Fire Flow Labeled		
Hydrant barrel found dry		
Hydrant found free of leaks (visual and sound)		
Port threads		
Caps and chain		
Bonnet and barrel		
Port threads greased		
Operating nut		
Hydrant barrel left dry		
Hydrant operation		

Number of turns to full open: _____

NOTICE TO OWNER: For items noted as failed or needing attention on this report, you are responsible for correcting these items and resubmitting an inspection report when the work is completed and passes inspection.

Owner/Owner's Representative Signature: _____

Testing Firm (Fire Sprinkler Contractor/Underground Contractor):

Firm Name: _____ Phone: _____

License Level: _____ Certification #: _____

Certificate of Competency (Tester's) Holder:

Name (Printed): _____ Signature: _____

Certificate Level: _____ Expiration Date: _____

Link to Testing Firms and Competency Holders: <http://www.wsp.wa.gov/fire/licreports/htm>

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