



## CHECK SHEET FOR TEST OF PRIVATE FIRE HYDRANTS

Test to be performed according to NFPA 25-Notify water purveyor prior to any hydrant testing.  
(One form for each hydrant)

Name of Building: \_\_\_\_\_

Address: \_\_\_\_\_

Location of hydrant: \_\_\_\_\_

Make of hydrant: \_\_\_\_\_

1. Have you notified the water purveyor that you will be testing the hydrant? \_\_\_\_\_
2. Is gate valve accessible? Y\_\_\_ N\_\_\_  
If not, STOP TESTING IMMEDIATELY until shut off is located.
3. How many fire hydrants are there on this system? \_\_\_\_\_
4. What are the sizes of the outlets on the hydrant? \_\_\_\_\_
5. What were the sizes of the outlets that were flowed? \_\_\_\_\_
6. What was the static pressure? \_\_\_\_\_ Residual pressure? \_\_\_\_\_
7. What is the maximum hydrant flow calculated at 20 PSI residual pressure? \_\_\_\_\_
8. Is the backflow/fire vault in good condition (water in vault, sump pump failure, etc.)? \_\_\_\_\_

Please answer **Yes** or **No** to the following:

- |   |                               |
|---|-------------------------------|
| Are all hydrant threads ANFH connection standard screw threads? | Y___ N___                     |
| Did the hydrant drain properly after it was closed?             | Y___ N___                     |
| Caps wire brushed and graphitized?                              | Y___ N___                     |
| Access obstructed? Y___ N___                                    | Facing access road? Y___ N___ |
| Nipples loose? Y___ N___  | Painted Safety Red? Y___ N___ |
| Base leaks? Y___ N___   | Stem: lubed? Y___ N___        |
| Unable to open? Y___ N___                                       |                               |
| Chatter? Y___ N___  | Stem broken? Y___ N___        |
| Stem leaking? Y___ N___   | Poor spanner fit? Y___ N___   |
| Set too low/high? Y___ N___                                     | Barrel broken? Y___ N___      |
| Opens hard? Y___ N___   | Caps missing? Y___ N___       |

Explain any problems: \_\_\_\_\_

\_\_\_\_\_

**\*\*\* If hydrant is out of service, contact the Gresham Fire Marshal's Office immediately. \*\*\***

Qualified person conducting test and service:

Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Servicing Company \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Date of Service \_\_\_\_\_