



**Fire Prevention Division**  
P.O. Box 90012 Bellevue, WA 98009-9012  
**Test and Maintenance Report – Private Fire Hydrant**  
(425) 452-6872, (425) 452-5287 (fax)

Inspection Date \_\_\_\_\_

**Business/Property Information:**

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

<b><u>Test Type</u></b>	
New Installation	[ ]
Annual	[ ]
Other (Describe):	[ ]

**Report of private fire hydrant service condition:**

<b>Condition Checked</b>	<b>Status (Pass/Fail)</b>	<b>Corrective Action</b>
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>