

FOR FIRE BUREAU USE ONLY	
DATE RECEIVED	
COMPLEX #	
BUILDING #	
BUSINESS #	
LOCATION #	
BILL TO: #	
PHYS. FAC. #	
APPEAL #	
DATE ENTERED	

**CHECK SHEET FOR TEST OF  
STANDPIPE SYSTEMS**

TEST DATE: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_  
 BUILDING NAME: \_\_\_\_\_  
 BUILDING ADDRESS: \_\_\_\_\_  
 CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 Number of stories in building? \_\_\_\_\_ Occupied? YES ☐ NO ☐

**SYSTEMS BEING TESTED:**    Dry Standpipe System ☐    Wet Standpipe System ☐

**FIRE DEPARTMENT CONNECTION:**

Labeled properly?    YES ☐    NO ☐  
 Accessible and undamaged?    YES ☐    NO ☐  
 Swivels operate properly?    YES ☐    NO ☐  
 Caps in place?    YES ☐    NO ☐

**STANDPIPE PIPING:**

Piping undamaged upon visual inspection?    YES ☐    NO ☐  
 Piping free of rust and corrosion?    YES ☐    NO ☐  
 Piping properly braced?    YES ☐    NO ☐  
 Isolation valves open?    YES ☐    NO ☐  
 Isolation valves tampered or locked open?    YES ☐    NO ☐

**HOSE VALVES:**

Handwheels in place?    YES ☐    NO ☐  
 Valves undamaged?    YES ☐    NO ☐  
 Valves operate properly    YES ☐    NO ☐  
 Free of leaks under pressure?    YES ☐    NO ☐  
 Proper caps in place?    YES ☐    NO ☐

**WET STANDPIPES:**

Fire department connection back flushed?    YES ☐    NO ☐  
 All pressure regulating hose valves flowed?    YES ☐    NO ☐  
 Bench tested? ☐    Tested in place? ☐  
 Flow at uppermost outlet?    GPM flow? \_\_\_\_\_    Residual psi? \_\_\_\_\_

**DRY STANDPIPES:**

Hydro statically tested at 200 psi for 1 hour?    YES ☐    NO ☐  
 Piping and valves inspected for leaks during hydrostatic test?    YES ☐    NO ☐  
 Flow test of 500 GPM at roof valve?    YES ☐    NO ☐  
 Restored to working condition?    YES ☐    NO ☐

**HOSE & NOZZLES:**

Hose / Nozzles installed?    YES ☐    NO ☐  
 Hose undamaged?    YES ☐    NO ☐  
 Free of rot and mildew?    YES ☐    NO ☐  
 Valve in proper operating condition?    YES ☐    NO ☐

Nozzle with shut off?      YES ☐      NO ☐

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**AUTOMATIC STANDPIPES:**

System activated?      YES ☐      NO ☐  
Time for water to reach most remote valves \_\_\_\_\_ seconds.

Drained valve reset?      YES ☐      NO ☐  
Caps replaced?      YES ☐      NO ☐  
Restored to working  
condition?      YES ☐      NO ☐

**EXPLAIN ALL "NO" ANSWERS:**

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**SYSTEM DEFICIENCIES:**

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**CORRECTIONS MADE:**

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**TEST EQUIPMENT:**

DATE GAUGES CALIBRATED: \_\_\_\_\_

PUMP EQUIPMENT USED: \_\_\_\_\_

DATE CALIBRATED: \_\_\_\_\_

Has the building owner / representative been notified of any deficiencies?      YES ☐      NO ☐

If YES, who was notified? \_\_\_\_\_

If NO, why wasn't the owner / representative notified? \_\_\_\_\_

Certified Personnel Conducting Test (PLEASE PRINT NAME) \_\_\_\_\_

Certification # \_\_\_\_\_ Signature: \_\_\_\_\_

Name of Company: \_\_\_\_\_ Phone: \_\_\_\_\_