

<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>Insert Logo Here</p> </div> <div style="width: 60%;"> <p>Service Company Information (Address, Telephone, & Contact Information)</p> </div> </div>		Building Stand-pipe & Hose Systems Tests	
		Date of Service:	Last Service Date:
Building Name: _____		System in service on inspection? YES <input type="checkbox"/> NO <input type="checkbox"/>	Fire Department Connection? YES <input type="checkbox"/> NO <input type="checkbox"/>
Address: _____		Control valves locked or supervised? YES <input type="checkbox"/> NO <input type="checkbox"/>	Flow switch installed? YES <input type="checkbox"/> NO <input type="checkbox"/>
City: _____ Postal Code: _____		Fire Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>	Jockey Pump installed? YES <input type="checkbox"/> NO <input type="checkbox"/>
Contact Person: _____ Phone: _____		Pressure regulating device present? YES <input type="checkbox"/> NO <input type="checkbox"/>	Hose nozzles in place? YES <input type="checkbox"/> NO <input type="checkbox"/>
Owner/Strata Number: _____ Phone: _____		Length of hose provided: _____ meters <input type="checkbox"/> feet <input type="checkbox"/>	
Phone: _____ Fax: _____		Hose is: Lined <input type="checkbox"/> Unlined <input type="checkbox"/>	
Phone: _____ Fax: _____		Supply water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Phone: _____ Fax: _____		System water pressure: _____ PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Central Station: _____ Phone: _____		System Class: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III	
Management Company: _____ Phone: _____			
Phone: _____ Fax: _____			

Yes	No	General Observation Items:
<input type="checkbox"/>	<input type="checkbox"/>	Is the building fully sprinklered?
<input type="checkbox"/>	<input type="checkbox"/>	Is the building occupied?
<input type="checkbox"/>	<input type="checkbox"/>	Has the occupancy classification & hazard of contents remained the same?
<input type="checkbox"/>	<input type="checkbox"/>	Are all existing fire protection systems in service?
<input type="checkbox"/>	<input type="checkbox"/>	Have modifications or renovations been done since the last inspection?
<input type="checkbox"/>	<input type="checkbox"/>	Have any system devices (including alarms) been actuated since the last inspection?

“√” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable

Inspection Items	
Daily - Weekly	Hose Rack Pressure Reducing Valves:
Enclosures dry-pipe valves maintaining 4C or 40degF?	Hand wheel is not broken or missing?
Check relief port on pressure reducer valves are not leaking?	No leaks are present?
Control valves inspected for condition (“Open” or “Closed” as required).	Piping:
Gauges on dry system (no low pressure alarm)?	Piping undamaged?
Quarterly	Control valves undamaged?
Backflow Prevention Assembly - OS&Y valves are in the normal “Open” position?	Supervisory devices undamaged?
Reduced pressure assembly valves inspected for leaks or corrosion?	No visible obstructions?
Tamper switches inspected (covers secured, leaks or corrosion)?	No missing or damaged pipe support devices?
Gauges to ensure good condition and normal pressure?	Hose Connections/Valves:
Components of standpipe system inspected?	Cap in place and not damaged?
Fire department Siamese connection checked (covers in place & secure)?	Fire hose connection undamaged?
Hose Connection Pressure Reducing Valves:	Valve handles in place?
Hand wheel is not broken or missing?	Cap gaskets in place and in good condition?
Outlet hose threads are undamaged?	Valves not leaking?
No leaks are present?	Restricting orifice in place?
Reducer and cap are not missing?	Manual, semiautomatic, or dry standpipe valve operates smoothly?

The information on this form (and in the documents attached here-to) attest to the fact that the equipment listed here-in was tested/inspected in conformance with applicable codes, bylaws, standards, and the manufacturer’s requirements by a qualified technician. The equipment was left in an operational condition except as noted in the spaces marked “comments”. A copy should be maintained on the premises in accordance with NFC 2015 Division C Clause 2.2.1.2.

Company Name			
Technician Performing Test	Certification No.	Date	Technician Signature

BUILDING LIFE SAFETY SYSTEMS – STAND-PIPE & HOSE SYSTEM TESTING

Date:		Address:
Building Name:		

System Number / Identification:

“✓” = Yes - Tested correctly “X” = No - Did not test correctly (NO answers are detailed in “Comments/Remarks”) “NA” = Not applicable

Inspection Items	
Annually	Hose Storage Devices:
Hoses:	Operates easily?
<input type="checkbox"/> Free from mildew, cuts and deterioration?	<input type="checkbox"/> Devices undamaged, unobstructed?
<input type="checkbox"/> Couplings of compatible threads and undamaged?	<input type="checkbox"/> Hose properly racked or rolled?
<input type="checkbox"/> Gaskets in place and in good condition?	<input type="checkbox"/> Nozzle clips in place and nozzles contained?
<input type="checkbox"/> Hose(s) connected?	<input type="checkbox"/> Will racks swing out of the cabinet at least ninety (90) degrees?
<input type="checkbox"/> Hose hydrostatic test dates are noted on page numbers: <input type="text"/>	Storage Cabinets:
Nozzles:	Glass break device in place?
<input type="checkbox"/> Nozzles & gaskets in place and in good condition?	<input type="checkbox"/> Cabinets accessible and identified?
<input type="checkbox"/> No visible obstructions?	<input type="checkbox"/> All parts (valves, hoses and fire extinguishers) accessible?
<input type="checkbox"/> Nozzles operate smoothly?	<input type="checkbox"/> Adequate heat available to areas where wet pipe is located?
<input type="checkbox"/> Nozzle is intact with no parts missing?	<input type="checkbox"/> No visible obstructions?
<input type="checkbox"/> Full operation of adjustments (such as pattern selection)?	<input type="checkbox"/> Cabinets have no corroded or damaged parts?
	<input type="checkbox"/> Cabinets easy to fully open?
	<input type="checkbox"/> Door glazing in good condition?
	<input type="checkbox"/> Latches functional (including break-glass type)?

Testing Items	
Quarterly	5 Year
<input type="checkbox"/> Water flow alarms passed test and provide correct annunciation?	<input type="checkbox"/> Hose Connection Pressure Reducing Valve passed flow test?
<input type="checkbox"/> Valve supervisory switches indicate movement?	<input type="checkbox"/> Hose Rack Assembly Pressure Reducing Valve passed flow test?
<input type="checkbox"/> Control valves shall be opened until spring or torsion is felt in the rod?	<input type="checkbox"/> Hydrostatic test at not less than 13.8 bar (200 psi) for 2 hours or at 3.4 bar (50 psi) in excess of maximum pressure?
<input type="checkbox"/> Jockey pump operational and in good condition?	<input type="checkbox"/> Flow Test - by flowing the required volume of water at design pressure to the hydraulically most remote hose connection?
<input type="checkbox"/> Valve supervisory switches tested?	<input type="checkbox"/> Check-valves internally inspected and all parts operate properly, move freely, and are in good condition?
Annually	<input type="checkbox"/> Pressure control valve passed test?
<input type="checkbox"/> Control valves shall be operated through its full range and returned to normal.	<input type="checkbox"/> Gauges: Tested and Calibrated <input type="checkbox"/> Replaced <input type="checkbox"/>
<input type="checkbox"/> Main Drain test shall be conducted on each system riser.	
Static pressure: <input type="text"/> PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
Residual pressure: <input type="text"/> PSIG <input type="checkbox"/> KPAG <input type="checkbox"/>	
<input type="checkbox"/> Hose connection pressure reducing valves partial flow test.	
<input type="checkbox"/> Hose rack assembly pressure reducing valve partial flow test.	
<input type="checkbox"/> Backflow prevention assembly shall be tested at the design flow.	
<input type="checkbox"/> Are results comparable to previous tests?	

Maintenance Items	
Annually	<input type="checkbox"/> Control Valves - OS&Y stems shall be lubricated?
<input type="checkbox"/> Hose nozzles - open and close and lubricate if necessary.	<input type="checkbox"/> Hose connections?
<input type="checkbox"/> Swing out Racks - lubricate and ensure proper operation.	<input type="checkbox"/> Low points in dry systems drained prior to freezing weather?
<input type="checkbox"/> Hoses re-racked?	5 Year
<input type="checkbox"/> Interior of dry pipe valve cleaned?	<input type="checkbox"/> Check valves internally inspected and operating properly?

Standpipe Hydrostatic and Flow Test Results (to be completed every five years)			
Date of last hydro-test: <input type="text"/>		Date of last flow test: <input type="text"/>	
Start Time: <input type="text"/>	End Time: <input type="text"/>	Start Time: <input type="text"/>	End Time: <input type="text"/>
Initial Test Pressure: <input type="text"/> Bar (PSI)		Static Pressure: <input type="text"/> Bar (PSI)	
End Test Pressure: <input type="text"/> Bar (PSI)		Residual Pressure: <input type="text"/> Bar (PSI)	
		Pitot Pressure: <input type="text"/> Bar (PSI)	
		Nozzle Diameter: <input type="text"/> cm <input type="checkbox"/> inches <input type="checkbox"/>	
		Flow Rate: <input type="text"/> liters/min <input type="checkbox"/> gallons/min <input type="checkbox"/>	
Notes:			
1. Flow tests are to be conducted from the hydraulically most remote standpipe outlet.			
2. For Class I or III systems, the minimum flow should be 1893 liters/min (500 gallons/min) at a residual pressure of 6.9 bar (100 psi)			
3. For Class II systems, the minimum flow should be 379 liters/min (100 gallons/min) at a residual pressure of 4.5 bar (65 psi)			

BUILDING LIFE SAFETY SYSTEMS – STAND-PIPE & HOSE SYSTEM TESTING

Date:		
Building Name:		Address:

Comments/Remarks: