

Inspection, Testing and Maintenance of Standpipe and Hose Systems

Service Company		Date of Service		Time	Last Service Date
		<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly <input type="checkbox"/> Annual	
Building Name:		System in service on inspection?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Fire department connections?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address:		Control valves locked/tamper open?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		System equipped with a flow switch?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
City: Postal Code:		Fire pump?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Jockey pump?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Owner: Phone:		Pressure regulating devices?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Shut off nozzles provided?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Phone: Fax:		Length of hose provided _____		Supply Water gauge _____ psi/kpa	
		Hose line or unlined _____		System Water gauge _____ psi/kpa	
Contact Person:				Phone:	
				Fax:	

Owners Section	Yes	No	N/A
A. Is the building fully sprinklered?			
B. Is the building occupied?			
C. Has the occupancy classification & hazard of contents remained the same?			
D. Are all fire protection systems in service?			
E. Have modifications been done since last inspection?			
F. Was the system free of actuations of devices or alarms since last inspection?			

System Class Class I Class II Class III

Inspections

“√” Yes - Satisfactory “X” No - Unsatisfactory (explain NO answers in comments). N/A - Not applicable

- | | |
|--|--|
| <p>Inspections</p> <p>Daily - Weekly</p> <p>_____ Enclosures drypipe valves maintaining 4C or 40degF?</p> <p>_____ Relief port on reduced pressure valves not leaking?</p> <p>_____ Control Valves shall be inspected?</p> <p>_____ Gauges on dry system (no low pressure alarm)?</p> <p>Monthly (if supervised)</p> <p>_____ Backflow Prevention Assembly - OS&Y valves are in normal position?</p> <p>_____ Reduced pressure assembly valves shall be inspected?</p> <p>_____ Tamper switches inspected?</p> <p>_____ Gauges to ensure good condition and normal pressure?</p> <p>Quarterly</p> <p>_____ Components of Standpipe system inspected?</p> <p>_____ Fire department connection acceptable?</p> <p>Hose Connection Pressure Reducing Valves</p> <p>_____ Handwheel is not broken or missing?</p> <p>_____ Outlet hose threads are undamaged?</p> <p>_____ No leaks are present?</p> <p>_____ Reducer and cap are not missing?</p> <p>Hose Rack Pressure Reducing Valves</p> <p>_____ Handwheel is not broken or missing?</p> <p>_____ No leaks are present?</p> <p>Piping</p> <p>_____ Piping undamaged?</p> <p>_____ Control valves undamaged?</p> <p>_____ No missing or damaged pipe support devices?</p> <p>Annual Con't – Hose Storage Devices</p> <p>_____ Operates easily?</p> | <p>Piping con't</p> <p>_____ Supervisory devices undamaged?</p> <p>_____ No visible obstructions?</p> <p>Hose Connections/Valves</p> <p>_____ Cap in place and not damaged?</p> <p>_____ Fire hose connection undamaged?</p> <p>_____ Valve handles in place?</p> <p>_____ Cap gaskets in place and in good condition?</p> <p>_____ Valves not leaking?</p> <p>_____ Restricting orifice in place?</p> <p>_____ Manual, semiautomatic, or dry standpipe valve operates smoothly?</p> <p>Annual Inspection Items</p> <p>Hose</p> <p>_____ Free from mildew, cuts and deterioration?</p> <p>_____ Couplings of compatible threads and undamaged?</p> <p>_____ Gaskets in place and in good condition?</p> <p>_____ Compatible threads on coupling?</p> <p>_____ Hose connected?</p> <p>_____ Hose test not outdated?</p> <p>Nozzles</p> <p>_____ Nozzles & gaskets in place and good condition?</p> <p>_____ No visible obstructions?</p> <p>_____ Nozzles operate smoothly?</p> <p>_____ Nozzle is intact with no parts missing?</p> <p>_____ Full operation of adjustments such as pattern selection etc?</p> <p>Storage Cabinets con't</p> <p>_____ All parts, valves, hoses and fire extinguishers accessible?</p> |
|--|--|

Inspection, Testing and Maintenance of Standpipe and Hose Systems

- | | |
|--|--|
| <input type="checkbox"/> Devices undamaged, unobstructed?
<input type="checkbox"/> Hose properly racked or rolled?
<input type="checkbox"/> Nozzle clips in place and nozzles contained?
<input type="checkbox"/> Will racks swing out of the cabinet at least 90deg?
Storage Cabinets
<input type="checkbox"/> Glass break device in place?
<input type="checkbox"/> Cabinets accessible and identified? | <input type="checkbox"/> Adequate heat available to areas where wet pipe is located?
<input type="checkbox"/> No visible obstructions?
<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"/> Locks functioning in break-glass type cabinets? |
|--|--|

Tests

- | | |
|--|---|
| Quarterly
<input type="checkbox"/> Waterflow alarms passed test and provide correct annunciation?
<input type="checkbox"/> Valve supervisory switches indicate movement?
<input type="checkbox"/> Control valves shall be opened until spring or torsion is felt in the rod?
<input type="checkbox"/> Jockey pump operational and in good condition?
Semi-Annual Tests
<input type="checkbox"/> Valve supervisory switches tested?
Annual Tests
<input type="checkbox"/> Hose nozzle?
<input type="checkbox"/> Hose storage device?
<input type="checkbox"/> Control valves shall be operated through its full range and returned to normal?
<input type="checkbox"/> Main Drain test shall be conducted on each system riser?
<input type="checkbox"/> Record Static pressure _____ psi/kpa?
<input type="checkbox"/> Record Residual pressure _____ psi/kpa?
<input type="checkbox"/> Are results comparable to previous tests? | <input type="checkbox"/> Hose connection pressure reducing valves partial flow test.
<input type="checkbox"/> Hose rack assemble pressure reducing valve partial flow test.
<input type="checkbox"/> Backflow prevention assembly shall be tested at the design flow?
3 Year Tests
<input type="checkbox"/> Hose?
5 Year Tests
<input type="checkbox"/> Hose-serviced tested and every 3 years thereafter?
<input type="checkbox"/> Hose Connection Pressure Reducing Valve passed flow test?
<input type="checkbox"/> Hose Rack Assembly Pressure Reducing Valve passed flow test?
<input type="checkbox"/> Hydrostatic Test at not less than 13.8bbar (200psi) for 2 hours or at 3.4 bar (50)psi in excess of maximum pressure?
<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"/> Check-valves internally inspected and all parts operate properly, move freely and are in good condition?
<input type="checkbox"/> Pressure control valve passed test?
<input type="checkbox"/> Gauges tested and calibrated or replaced? |
|--|---|

Maintenance

- | | |
|---|---|
| Annual
<input type="checkbox"/> Nozzles - open and close and lubricate if necessary?
<input type="checkbox"/> Swing out Racks - lubricate and ensure proper operation?
<input type="checkbox"/> Hose reracked?
<input type="checkbox"/> Interior of drypipe valve cleaned? | <input type="checkbox"/> Control Valves - OS&Y stems shall be lubricated?
<input type="checkbox"/> Hose connections?
<input type="checkbox"/> Low points in dry systems drained prior to freezing?
5 Year
<input type="checkbox"/> Check valves internally inspected and operating properly? |
|---|---|

Standpipe Hydrostatic and Flow Test

Initial Test Pressure?	Start time?
End test pressure?	End time?

Flow Test – Flow from the hydraulically most remote standpipe outlet:

Record

Static pressure?	bar(psi)	Residual Pressure?	bar(psi)
Nozzle diameter?	cm/in	Pitot pressure?	bar(psi)
Flow	L/min(gal)		
Note: The minimum flow should be 1893 L/min (500 gpm) at 6.9 bar (100 psi) residual pressure for Class I or III systems and 379 L/min (100 gpm) at 4.5 bar (65 psi) for Class II systems.			

Comments:

Inspection, Testing and Maintenance of Standpipe and Hose Systems

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was tested in conformance with applicable codes and the Manufacturers requirements and at this time was left in operational condition upon completion of this inspection except as noted in comments.			
Technician Stamp	Date	Time	Owner or Authorized Agent