

[Insert Contractor Logo]

SAMPLE TEST REPORT TEMPLATE			
Property Name	Property Address		Date
Type of System (use separate form for each type)	<input type="checkbox"/> Automatic dry <input type="checkbox"/> Automatic wet  <input type="checkbox"/> Semiautomatic dry <input type="checkbox"/> Manual dry <input type="checkbox"/> Manual wet	<input type="checkbox"/> Combination standpipe/sprinkler	
Fire Pump Data	Manufacturer _____ _____ Model _____  <input type="checkbox"/> Electric <input type="checkbox"/> Diesel	Rated GPM _____ Rated psi _____  Shutoff psi _____	
	<input type="checkbox"/> Public waterworks system <input type="checkbox"/> Storage tank <input type="checkbox"/> Gravity tank <input type="checkbox"/> Open reservoir <input type="checkbox"/> Other (explain)		
If public waterworks system	Static psi _____	Residual psi _____  Flow, gpm _____	
Backflow preventer	<input type="checkbox"/> Double check assembly <input type="checkbox"/> Reduced pressure device	Size _____	Make and model _____

HOSE VALVES and DUAL PRESSURE REGULATING DEVICES										
Tag #	Location & Floor	Type Hose Valve			Opens and closes smoothly	Nonflowing (psi) Inlet	Nonflowing (psi) Outlet	Flowing (psi) Inlet	Flowing (psi) Outlet	GPM
		Pressure-reducing	Pressure-restricting	Standard						
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
(add extra pages if necessary)										
All hose valves on system operated properly? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____										

11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
(add extra pages if necessary)									
All hose valves on system operated properly? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____									
<b>TESTS</b>									
Hydrostatic Test - Pressure at top of Standpipe(s)  STP#___pressure ___psi  STP#___pressure ___psi  STP#___ pressure ___psi			Drain Test  Reading of gauge located near water supply test connection ___psi  Residual pressure with valve in test connection open wide ___psi			Flow Test  Flow water from the hydraulically most remote standpipe outlet(s)  Record: Static pressure___psi  Residual pressure ___psi  Nozzle diam___in      Pitot pressure ___psi  Total Flow_____gpm			
Piping in FDC and all piping hydrostatically tested at ___psi for ___hrs  Dry piping pneumatically tested? <input type="checkbox"/> Yes <input type="checkbox"/> No, explain _____									
Date left in service with all control valves open: _____									

	Next Flow or Hydrostatic Testing Due Date: _____
<b>CONTRACTOR INFORMATION</b>	
	Name of contractor _____ Address _____ Sprinkler fitter or technician (name) _____ TQ number or RFPT Licence _____ Signature _____ Date _____
<b>SYSTEM TESTS WITNESSED BY</b>	
	Property Owner Representative (name) _____ Title _____ Signature _____ Date _____

DRAFT