



STANDPIPE WEEKLY INSPECTION AND HYDROSTATIC TEST RECORD



PROJECT INFORMATION	
Project Address:	Date:

Standpipe System Testing and Inspection Report
(C: Compliance; NC: Noncompliance)

STANDPIPE STATUS		INSPECTION TYPE			
<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> WEEKLY		<input type="checkbox"/> HYDROSTATIC TEST	
WEEKLY INSPECTION AND TESTING		C	N/C	N/A	IF NC, INDICATE CORRECTIVE ACTION TAKEN
W1	Fire Hose Valve is operable				
W2	Air Drying Unit/Heat Tracing is functional				
W3	Identification Signage/Labeling is posted				
W4	Alarm back-up power device is functional				
W5	Compressor Alarm Test	Time of valve opening: _____ : _____		Pressure: When alarm sounds _____ PSI When compressor starts _____ PSI When compressor stops _____ PSI	

WHEN REQUIRED	
H1	Hydrostatic Test _____ PSI Time of Reading: _____

INSPECTOR	
Name:	Signature: