VILLAGE OF BROCKPORT
Annual
Test and Maintenance Report – Private Fire Hydrant

Business/Property Information:
Business Name: _____

Street: _____ City/State/Zip: _____

Contact Person: _____ Phone Number(s): _____

Type of Business: _____

Hydrant Number: _____ Location: _____

24 HOURS PRIOR TO FLOWING ANY PRIVATE FIRE HYDRANT, NOTIFY THE DEPARTMENT OF PUBLIC WORKS AT (585) 637-1060

Please be advised that we (owner/contractor) have made the following maintenance and test of the fire hydrant in accordance with the Village of Brockport Code and applicable standards. (This form must be completed for each hydrant located on the premises.)

Report of private fire hydrant service condition:

Criteria	Status (Yes / No / None)	Corrective Action (identify)
Accessibility (clear/unobstructed space all around private fire hydrant-shall not be less than three feet)		
Leaks in outlets or at top of hydrant (no leaks allowed)		
Proper drainage from hydrant barrel		
Cracks in hydrant barrel/flange		
Tightness of outlets (wrench tight)		
Worn nozzle threads on top nut		
Port threads greased		
Hydrant barrel left dry		
Hydrant operation Number of turns to open: #_____		
Hydrant flags/markings, signage in place		

IF THE PRIVATE HYDRANT IS FOUND NOT SERVICEABLE, IMMEDIATELY NOTIFY THE BROCKPORT FIRE DISPATCH AT (585) 637-1017.

Barrel Flow Test
Hydrant fully opened? Yes No
Flow duration longer than one minute? Yes No
All foreign material cleared? Yes No
Full drainage from barrel in less than 24 hours? Yes No

Certification: I hereby certify the foregoing data to be correct and the statements to be true.
Test Company: _____ Phone: _____
Address: _____ City/State/ZIP: _____
Tester's Name (print): _____ Tester's Signature: _____
Date of Test: _____ Today's Date: _____

5 Year Flow Test Date Required: _____/_____/_____
No. of ports flowed: _____ Static pressure: _____/_____ Residual pressure: _____/_____
Pilot Reading PSI: _____/_____ GPM: _____/_____
Flow available @ 20 psi: _____/_____
Comments: _____
_____
5 Year Flow Test Date: _____