**CLEMENTON FIRE MARSHAL’S OFFICE**

***ANNUAL PRIVATE FIRE HYDRANT INSPECTION FORM***

***(Please complete one form per hydrant)***

**NOTE: USE THE TAB BUTTON TO MOVE CURSOR**

Property Name or Address:

Testing Agency Name:

Inspector:

Hydrant Location:

Date:   /  /20

Hydrants accessible [ ]  Yes [ ]  No

No obvious leaks [ ]  Yes [ ]  No

No obvious damage [ ]  Yes [ ]  No

Adequate vehicle protection (parking areas) [ ]  Yes [ ]  No

Caps are easy to remove [ ]  Yes [ ]  No

Threads on outlets free of damage and lubricated during inspection [ ]  Yes [ ]  No

Stem operates smoothly [ ]  Yes [ ]  No

Hydrant fully opened during inspection [ ]  Yes [ ]  No

Adequate Flow (visual inspection) [ ]  Yes [ ]  No

Hydrant adequately drains after closing [ ]  Yes [ ]  No

**Please explain deficiencies:**

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