



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:
