BELLINGHAM FIRE DEPARTMENT

Life Safety Division
1800 Broadway
Bellingham, WA 98225
360-778-8420

PRIVATE FIRE HYDRANTS AND WATER SUPPLY CONFIDENCE TESTING REPORT

ADDRESS:_____

BUSINESS NAME**:**_____

DATE:_____ NUMBER OF HYDRANTS ON SYSTEM:_____ NUMBER TESTED:_____

Prior to conducting water flow tests, notify the Department of Public Works Water Department (778-7700)

	YES	NO
1. Underground shut off valves fully operated.	[ ]	[ ]
2. Underground valves returned to full open position.	[ ]	[ ]
3. All vegetation, landscaping and other obstructions are at least three feet away from hydrants.	[ ]	[ ]
4. All threaded protective caps are easily removed.	[ ]	[ ]
5. All threaded connections are undamaged.	[ ]	[ ]
6. All threaded connections are lubricated with graphite powder.	[ ]	[ ]
7. Operating stem nuts are not damaged or stripped.	[ ]	[ ]
8. Hydrants flushed at full capacity until flowing water is clear.	[ ]	[ ]
9. When closed, hydrants drain properly.	[ ]	[ ]
10. All private hydrants painted International Traffic Yellow or equal.	[ ]	[ ]

If a hydrant must be taken out of service, notify Public Works and the Fire Department

PROBLEMS FOUND:_____
_____
_____

CORRECTIONS MADE:_____
_____
_____

CERTIFICATION

This is to certify the hydrants on this report have been properly tested and inspected for reliability to cover the items in this report and all corrections have been made.

Signature of Tester:_____Company:_____

Phone:_____State Lic. No._____Expiration Date:_____

Copy Distribution: White – Fire Department Yellow – Premises Pink – Inspector