



# BELLINGHAM FIRE DEPARTMENT

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

## STANDPIPE SYSTEMS CONFIDENCE TEST REPORT

ADDRESS: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM CLASS: \_\_\_\_\_

### GENERAL

1. Hydrostatic test at 200 psi conducted between the fire department connection and check valve.	(Class II N/A [ ])	Yes [ ]	No [ ]
2. Fire department connections backflushed.	(Class II N/A [ ])	Yes [ ]	No [ ]
3. All inlets and outlets are free of obstruction, corrosion and leaks; and equipped with protective caps or covers.		Yes [ ]	No [ ]
4. All swivels on hose connections operate freely and are lubricated with graphite powder.		Yes [ ]	No [ ]
5. All hoses, valves and nozzles checked to verify they are in good condition.	N/A [ ]	Yes [ ]	No [ ]
6. Fire pumps started during highest point flow test.	N/A [ ]	Yes [ ]	No [ ]

### CLASS I SYSTEMS WET [ ] DRY [ ]

1. A 25 psi air test was conducted to detect leaks.		Yes [ ]	No [ ]
2. Hydrostatic test (50 psi greater than head but not less than 175 psi) conducted for at least two hours. Tested at [ ] psi.		Yes [ ]	No [ ]
3. Flow test conducted at highest point to verify nozzle works at available pressure.	(Dry system N/A [ ])	Yes [ ]	No [ ]
4. Flow test was maintained for [ ] minutes.			
5. Flow test was conducted at highest point to verify 500 gpm flow. Repeated for all outlets.	(Dry system N/A [ ])	Yes [ ]	No [ ]

### CLASS II SYSTEMS

1. System flow test conducted at [ ] gpm at [ ] psi. (Minimum 100 gpm at 65 psi at topmost outlet).		Yes [ ]	No [ ]
2. Flow test was maintained for [ ] minutes.			
3. Water flowed at each outlet to verify operation.		Yes [ ]	No [ ]

### CLASS III SYSTEMS

1. Flow test conducted at highest point to verify nozzle works at available pressure.		Yes [ ]	No [ ]
2. Flow test conducted at highest point to verify 500 gpm flow. Repeated for all outlets.		Yes [ ]	No [ ]
3. Flow test was maintained for [ ] minutes.			
4. Water flowed at each outlet to verify operation.		Yes [ ]	No [ ]

PROBLEMS FOUND: \_\_\_\_\_

CORRECTIONS MADE: \_\_\_\_\_

### CERTIFICATION

This is to certify the standpipe system listed in this report has 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: \_\_\_\_\_

Copy Distribution:

White – Fire Department

Yellow – Premises

Pink - Inspector