Portland Fire & Rescue
Fire Marshal's Office
1300 SE Gideon Street
Portland, OR 97202-2419

Phone: 503.823.3712
Fax: 503.823.3969

FOR FIRE BUREAU USE ONLY	
DATE RECEIVED	
COMPLEX #	
BUILDING #	
BUSINESS #	
LOCATION #	
BILL TO: #	
PHYS. FAC. #	
APPEAL #	
DATE ENTERED	

CHECK SHEET FOR TEST OF

PRIVATE FIRE HYDRANTS

TEST DATE: _____

BUSINESS NAME: _____

BUILDING NAME: _____

BUILDING ADDRESS: _____

CONTACT: _____ PHONE: _____

NUMBER OF FIRE HYDRANTS ON THIS SYSTEM: _____ (If more than 3, use additional forms)

	# 1	# 2	# 3
Location of Hydrant?			
Access unobstructed ? Faced correctly? Set properly?	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐
Location of residual pressure gauge			
Static pressure			
Residual pressure			
Sizes of outlets flowed			
Number of outlets flowed			
Pitot reading			
GPM flowed			
Threads in good repair? Lubricated? Caps replaced?	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐	YES ☐ NO ☐ YES ☐ NO ☐ YES ☐ NO ☐
Leakage in base, dome or sleeve when under pressure?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐
Hydrant operates properly? Operating nut lubricated?	YES ☐ NO ☐ YES ☐ NO ☐	YES ☐ NO ☐ YES ☐ NO ☐	YES ☐ NO ☐ YES ☐ NO ☐
Hydrant drains properly after test?	YES ☐ NO ☐	YES ☐ NO ☐	YES ☐ NO ☐

CHECK SHEET FOR TEST OF

PRIVATE FIRE HYDRANTS

REQUIRED CORRECTIONS AND EXPLANATION OF PROBLEMS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

CORRECTIONS MADE:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Has the building owner / representative been notified of any deficiencies? YES ☐ NO ☐

If YES, who was notified? _____

If NO, why wasn't the owner / representative notified? _____

_____

Certified Personnel Conducting Test (PLEASE PRINT NAME) _____

Certification # _____ **Signnature:**_____

Name of Company: _____ **Phone:** _____

QUESTIONS? CALL 503-823-3712