



# Standpipe and Hose Systems Inspection, Testing, and Maintenance of Standpipe and Hose Systems

Name of Property: \_\_\_\_\_ Inspector: \_\_\_\_\_

Address: \_\_\_\_\_ Contract No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

This Report Covers:  Monthly  Quarterly  Annual  
 Three-Year  Five-Year

## Inspections

### Monthly

### Control Valves

- |                              |                             |                              |   |
|------------------------------|-----------------------------|------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | In the correct (open or closed) position  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Sealed, locked, or supervised   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Accessible  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Free from damage or leaks   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Proper signage  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Dry pipe valve (automatic dry systems) exterior—free of damage, trim valves are in correct open or closed position, and intermediate chamber is not leaking   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Deluge valve (semi-automatic dry system) exterior—free of damage, trim valves are in correct open or closed position, and intermediate chamber is not leaking |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gauges (semi-automatic and automatic dry systems) normal air and pressure maintained  |

### Quarterly

- |                              |                             |                              |                              |
|------------------------------|-----------------------------|------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Alarm devices—free of damage |
|------------------------------|-----------------------------|------------------------------|------------------------------|

### Fire Department Connections

- |                              |                             |                              |  |
|------------------------------|-----------------------------|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Visible and accessible   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Couplings/swivels operate correctly  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Plugs/caps are in place  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Gaskets are not damaged  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Identification signs are in place  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Check valve is not leaking   |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Ball drip is functional  |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Hose connections—accessible, not leaking, valve and cap are in place and in good condition |

### Pressure Regulating Devices

- |                              |                             |                              |                                     |
|------------------------------|-----------------------------|------------------------------|-------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Hand wheel is not broken or leaking |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | Hose threads are not damaged        |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A | No leaks                            |





Yes  No  N/A Reducer and cap are intact

**Hose Connections (Non-Pressure Regulating)**

- Yes  No  N/A Hand wheel is not broken or missing
- Yes  No  N/A Hose threads are not damaged
- Yes  No  N/A No leaks
- Yes  No  N/A Reducer and cap are intact
- Yes  No  N/A Piping not damaged or leaking, pipe supports are intact

**Annual**

- Yes  No  N/A Dry pipe valve interior—following trip test
- Yes  No  N/A Deluge valve interior—following trip test
- Yes  No  N/A Hose—not damaged, couplings and gaskets in good condition and properly connected

**Hose Cabinet**

- Yes  No  N/A Visible and accessible
- Yes  No  N/A No damaged or corroded components
- Yes  No  N/A Lock (in break-glass type) is functional
- Yes  No  N/A Contents are present and accessible

**Hose Storage Device**

- Yes  No  N/A Visible and accessible
- Yes  No  N/A Not damaged and operates correctly
- Yes  No  N/A Hose is properly racked or rolled
- Yes  No  N/A If installed in cabinet—will swing out at least 90°

**5-Year Obstruction Inspection Tests**

**Quarterly**

- Yes  No  N/A Alarm devices—water motor gong
- Yes  No  N/A Main drain test—if the sole supply is through a backflow preventer or pressure reducing valve  
 Static psi: \_\_\_\_\_ Residual psi: \_\_\_\_\_
- Yes  No  N/A Do results differ by more than 10% from previous test?
- Yes  No  N/A Priming water—test level
- Yes  No  N/A Low air alarm—test per manufacturer’s instructions
- Yes  No  N/A Quick opening device tested

**Semi-annual**

- Yes  No  N/A Supervisory switch functioning
- Yes  No  N/A Alarm devices—inspectors test or bypass opened/observed waterflow



**Annual**

- Yes  No  N/A Hose nozzle—per NFPA 1962
- Yes  No  N/A Hose storage device—per NFPA 1962
- Yes  No  N/A Hose—per NFPA 1962
- Static psi \_\_\_\_\_ Residual psi \_\_\_\_\_
- Yes  No  N/A Do results differ by more than 10% from previous test?
- Yes  No  N/A All control valves operated through full range of motion and returned to normal position.
- Dry pipe valve trip test (partial flow)
- Water pressure (psi) \_\_\_\_\_ Air pressure (psi) \_\_\_\_\_
- Tripping air pressure (psi) \_\_\_\_\_ Trip time (sec) \_\_\_\_\_
- Yes  No  N/A Results compared to previous test?
- Yes  No  N/A Deluge valve trip test (partial flow)
- Yes  No  N/A Pressure reading at deluge valve (psi) \_\_\_\_\_
- Yes  No  N/A Backflow preventer test
- Yes  No  N/A Backflow full flow test

**Three-Year**

- Yes  No  N/A Hose hydrostatically tested in accordance with NFPA 1962 (for hose older than 5 years)

**Five-Year**

- Yes  No  N/A Gauges tested or replaced
  - Yes  No  N/A Master pressure reducing valve—flow test and comparable to previous test
  - Yes  No  N/A Hydrostatic test (manual-dry only)
  - Yes  No  N/A Flow test (automatic only)
  - Static pressure (psi) \_\_\_\_\_
  - Total flow (gpm) \_\_\_\_\_
  - Pressure @ topmost outlet (psi) \_\_\_\_\_
  - Yes  No  N/A Hose valves (non pressure reducing) flow test
  - Yes  No  N/A Hose connection pressure reducing/restricting valves—flow test
-



**Restricting Valves—Flow Test**

Location/Floor	Model #	Static pressure		Flowing pressure		Flow (gpm)
		Inlet	Outlet	Inlet	Outlet	

**Maintenance**

- Yes    No    N/A   Re-rack hose with folds in different position annually
- Yes    No    N/A   Drain water from all low point drains in dry systems prior to freezing temperatures

**Comments**

Company \_\_\_\_\_ DFS-P# \_\_\_\_\_

Technician Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Business Representative \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_