



Annual Hydrant Inspection Form

Location Address _____

Hydrant Use Permit No.

Occupant _____

Hydrant ID No.**

Hydrant Location* _____

Hydrant Information:

Manufacturer _____

Installation Date** _____

Hose Outlet-Nozzle Size _____

Thread Type _____

Pumper Outlet Nozzle Size/Type _____

Thread Type _____

Condition of:

Caps:	Missing?	<input type="text"/>	Replaced?	<input type="text"/>	Greased?	<input type="text"/>
Paint:	O.K.?	<input type="text"/>	Repainted?	<input type="text"/>		
Oper. Nut:	O.K.?	<input type="text"/>	Greased?	<input type="text"/>	Replaced?	<input type="text"/>
Nozzles:	O.K.?	<input type="text"/>	Caulked?	<input type="text"/>	Replaced?	<input type="text"/>
Stems:	O.K.?	<input type="text"/>	Defective?	_____		
Main Valve:	O.K.?	<input type="text"/>	Difficulty Operating?	<input type="text"/>	Repaired?	<input type="text"/>
Main Valve Packing Assembly:	O.K.?	<input type="text"/>	Leaking?	<input type="text"/>	Tightened?	<input type="text"/>
					Replaced?	<input type="text"/>
Drainage:	O.K.?	<input type="text"/>	Plugged?	<input type="text"/>	Corrected?	<input type="text"/>
Flow:	O.K.?	<input type="text"/>				
Accessibility:	Minimum of 5' clearance?	<input type="text"/>	Obstructed?	<input type="text"/>		

Comments: _____

Time Flowed minutes Indicate Opened Nozzle

Condition of Auxiliary Valve (if inside private property) _____

Remarks/Other Defects _____

Inspected By: Date

License/Certification #:

Defects Corrected: _____ By _____
_____ By _____
_____ By _____

Please leave blank, for office use only	
Inspection Report Received On	_____
Deficiency Report Sent On	_____
Confirmation Of Repairs Received On	_____

* If Hydrant ID No. is not available, a detailed sketch should be included to identify which hydrant the inspection report pertains to
** Information not required, if unknown