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Standpipe Weekly Inspection and Hydrostatic Test Record

Standpipe System Testing and Inspection Report
 (C: Compliance; NC: Noncompliance)

Date: _____

STANDPIPE STATUS		INSPECTION TYPE:	
<input type="checkbox"/> DRY	<input type="checkbox"/> WET	<input type="checkbox"/> WEEKLY	<input type="checkbox"/> HYDROSTATIC TEST

Weekly Inspection and Testing		C	N/A	NC	If NC, indicate corrective action taken
W1	Fire Hose Valve is operable				
W2	Air Dying Unit/ Heat Tracing is Functional				
W3	Identification Signage/ Labeling is posted				
W4	Alarm back-up power device is functional				
W5	Compressor Alarm Test	Time of Valve Opening: __:__		Pressure: when alarm sounds ___PSI when compressor starts ___PSI when compressor stops ___PSI	

WHEN REQUIRED		
H1	Hydrostatic Test	_____PSI Time of reading: _____

INSPECTOR	
Name:	Signature:

- Test a random sampling amounting to at least 5% of the total installation.