



**SOUTH KING FIRE & RESCUE**  
 31617 1<sup>st</sup> Ave S  
 Federal Way, WA 98003  
 Bus: 253-946-7248  
 Fax: 253-529-7206

**5-YEAR STANDPIPE SYSTEM  
 TEST REPORT**

(One System per Report)

Date: \_\_\_\_\_

**PLEASE PRINT**

**PROPERTY NAME (OCCUPANCY)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

**TESTING AGENCY**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Technician: \_\_\_\_\_

Signature: \_\_\_\_\_

General	YES	NO	N/A
Date of last Hydrostatic test? _____			
All valves exercised?			
Piping between FDC and check valve hydrostatically tested?			
Hose connections have National Standard threads?			
Was the FDC backflushed?			
FDC free of debris?			
Proper signage provided at FDC?			
Flow test conducted at hydrostatically most remote connection?			
Fire pumps started from roof flow?			
Fire pump data: Manufacturer _____ Model _____ Type: Electric <input type="checkbox"/> Diesel <input type="checkbox"/> Other <input type="checkbox"/> (explain) _____ Rated, gpm _____ Rated, psi _____ Shutoff, psi _____			
Pressure reducing valves tested?			
All outlet valves and hose threads checked for damage?			
Verify all waterflow switches operate?			
All fire department inlets and outlets equipped with approved plugs or caps?			

**PRV TESTING**

Floor/Stair	Inlet-static	Outlet-static	Inlet-residual	Outlet-residual	Outlet-flow	PRV Setting

Problems Found: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Corrections Made: \_\_\_\_\_  
\_\_\_\_\_

Date Corrected: \_\_\_\_\_ By: \_\_\_\_\_

**THIS FORM SHOULD BE FILLED OUT IN DUPLICATE. ONE COPY SHALL BE LEFT AT THE OCCUPANCY.  
THE SECOND COPY SHALL BE FORWARDED TO:**

**South King Fire & Rescue  
Fire Marshal's Office  
31617 1st Ave S  
Federal Way, WA 98003  
Fax 253-529-7206**