



**BY-LAW 94:
MAINTENANCE OF PRIVATE FIRE HYDRANT
Annual Hydrant Inspection Report**

Annual Hydrant Inspection Form																																																																												
Water Utility <input style="width: 100%;" type="text"/> Location * <input style="width: 100%;" type="text"/>	Hydrant Use Permit No. <input style="width: 100%;" type="text"/> Hydrant ID No. ** <input style="width: 100%;" type="text"/>																																																																											
Hydrant Information: Manufacturer <input style="width: 100%;" type="text"/> Date of Manufacture / Installation ** <input style="width: 100%;" type="text"/> Hose Outlet-Nozzle Size ** <input style="width: 100%;" type="text"/> Thread Type ** <input style="width: 100%;" type="text"/> Pumper Outlet Nozzle Size ** <input style="width: 100%;" type="text"/> Thread Type ** <input style="width: 100%;" type="text"/>																																																																												
Condition of: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Caps:</td> <td style="width: 15%;">Missing?</td> <td style="width: 15%;"><input type="text"/> Y / <input type="text"/> N</td> <td style="width: 15%;">Replaced?</td> <td style="width: 15%;"><input type="text"/> Y / <input type="text"/> N</td> <td style="width: 15%;">Greased?</td> <td style="width: 15%;"><input type="text"/> Y / <input type="text"/> N</td> </tr> <tr> <td>Paint:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Repainted?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td></td> <td></td> </tr> <tr> <td>Oper. Nut:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Greased?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Replaced?</td> <td><input type="text"/> Y / <input type="text"/> N</td> </tr> <tr> <td>Nozzles:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Caulked?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Replaced?</td> <td><input type="text"/> Y / <input type="text"/> N</td> </tr> <tr> <td>Stems:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Defective?</td> <td colspan="3"><input style="width: 100%;" type="text"/></td> </tr> <tr> <td>Main Valve:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Difficulty Operating?</td> <td colspan="2"><input type="text"/> Y / <input type="text"/> N / <input type="text"/> Cannot Operate</td> <td>Repaired?</td> <td><input type="text"/> Y / <input type="text"/> N</td> </tr> <tr> <td>Main Valve Packing Assembly:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Leaking?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Tightened?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Replaced?</td> <td><input type="text"/> Y / <input type="text"/> N</td> </tr> <tr> <td>Drainage:</td> <td>O.K.?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Plugged?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Corrected?</td> <td colspan="2"><input type="text"/> Y / <input type="text"/> N</td> </tr> <tr> <td>Flow:</td> <td>O.K.?</td> <td colspan="5"><input type="text"/> Y / <input type="text"/> N</td> <td></td> </tr> <tr> <td>Accessibility:</td> <td>Minimum of 5' clearance?</td> <td><input type="text"/> Y / <input type="text"/> N</td> <td>Obstructed?</td> <td colspan="3"><input type="text"/> Y / <input type="text"/> N</td> </tr> </table> <p>Comments: <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>Time Flowed <input style="width: 50px;" type="text"/> minutes Indicate Opened Nozzle <input style="width: 150px;" type="text"/> Left / Right / Steamer</p> <p>Condition of Auxiliary Valve (if inside private property) <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p> <p>Remarks/Other Defects <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/></p>		Caps:	Missing?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N	Greased?	<input type="text"/> Y / <input type="text"/> N	Paint:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Repainted?	<input type="text"/> Y / <input type="text"/> N			Oper. Nut:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Greased?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N	Nozzles:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Caulked?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N	Stems:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Defective?	<input style="width: 100%;" type="text"/>			Main Valve:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Difficulty Operating?	<input type="text"/> Y / <input type="text"/> N / <input type="text"/> Cannot Operate		Repaired?	<input type="text"/> Y / <input type="text"/> N	Main Valve Packing Assembly:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Leaking?	<input type="text"/> Y / <input type="text"/> N	Tightened?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N	Drainage:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Plugged?	<input type="text"/> Y / <input type="text"/> N	Corrected?	<input type="text"/> Y / <input type="text"/> N		Flow:	O.K.?	<input type="text"/> Y / <input type="text"/> N						Accessibility:	Minimum of 5' clearance?	<input type="text"/> Y / <input type="text"/> N	Obstructed?	<input type="text"/> Y / <input type="text"/> N		
Caps:	Missing?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N	Greased?	<input type="text"/> Y / <input type="text"/> N																																																																						
Paint:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Repainted?	<input type="text"/> Y / <input type="text"/> N																																																																								
Oper. Nut:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Greased?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N																																																																						
Nozzles:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Caulked?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N																																																																						
Stems:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Defective?	<input style="width: 100%;" type="text"/>																																																																								
Main Valve:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Difficulty Operating?	<input type="text"/> Y / <input type="text"/> N / <input type="text"/> Cannot Operate		Repaired?	<input type="text"/> Y / <input type="text"/> N																																																																					
Main Valve Packing Assembly:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Leaking?	<input type="text"/> Y / <input type="text"/> N	Tightened?	<input type="text"/> Y / <input type="text"/> N	Replaced?	<input type="text"/> Y / <input type="text"/> N																																																																				
Drainage:	O.K.?	<input type="text"/> Y / <input type="text"/> N	Plugged?	<input type="text"/> Y / <input type="text"/> N	Corrected?	<input type="text"/> Y / <input type="text"/> N																																																																						
Flow:	O.K.?	<input type="text"/> Y / <input type="text"/> N																																																																										
Accessibility:	Minimum of 5' clearance?	<input type="text"/> Y / <input type="text"/> N	Obstructed?	<input type="text"/> Y / <input type="text"/> N																																																																								
Inspected By: <input style="width: 100%;" type="text"/> Date <input style="width: 100%;" type="text"/> License/Certification #: <input style="width: 100%;" type="text"/> Defects Corrected: <input style="width: 100%;" type="text"/> By <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> By <input style="width: 100%;" type="text"/> <input style="width: 100%;" type="text"/> By <input style="width: 100%;" type="text"/>																																																																												
<p align="center"><small>Please leave blank, for office use only</small></p> Inspection Report Received On <input style="width: 100%;" type="text"/> Deficiency Report Sent On <input style="width: 100%;" type="text"/> Confirmation Of Repairs Received On <input style="width: 100%;" type="text"/>																																																																												

* 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