



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

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