



**CITY OF ANAHEIM FIRE DEPARTMENT
FIRE PREVENTION DIVISION
PRIVATE FIRE HYDRANT INSPECTION REPORT**



NAME OF COMPLEX/BLDG: _____ PHONE NO: _____
 ADDRESS: _____ FAX NO: _____
 _____ # OF HYDRANTS: _____
 CONTACT PERSON: _____ TWO YEAR TEST:
 DATE OF TEST: _____ FOUR YEAR TEST:

TWO YEAR TEST RESULTS

	YES	NO	CORRECTIVE ACTION TAKEN
1. Caps missing?			
2. Caps damaged not rotating smoothly?			
3. Fire hose connection threads ok?			
4. Cap chain ok?			
5. Gaskets missing or deteriorated?			
6. Operate valve stem/flow water ok?			
7. Visible or exterior obstruction? (three feet clearance)			
8. Locate and operate gate valve			
9. Hydrant painted safety red?			

FOUR YEAR TEST RESULTS

- Complete 1 through 9 above
- Flow Hydrant

Outlet Size _____ Pilot _____ GPM _____
 Static Pressure _____ Residual Pressure _____

Test Conducted By : (Signature) _____
 Company Name: _____
 Address: _____
 Phone No: _____ Fax: _____

**A copy of this report must be provided to the property owner and to the
 Anaheim Fire Prevention Division
 201 South Anaheim Boulevard, Suite 300
 Anaheim, CA 92805**