



**Camas – Washougal Fire Department**  
**Fire Prevention Division - “Working for a Safer Community”**

**TEST AND MAINTENANCE REPORT – PRIVATE FIRE HYDRANT(S)**

**Business and Property Information**

**Inspection Date:** \_\_\_\_\_

Facility: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Location of Hydrant(s): \_\_\_\_\_

Test Type	
<b>New Installation</b>	<input type="checkbox"/>
<b>Annual</b>	<input type="checkbox"/>
<b>Other (Describe):</b>	<input type="checkbox"/>

**Report of Private Hydrant(s) Service Condition:**

Condition Checked	Status (Pass/Fail)	Corrective Action
Access to hydrant maintained (3’ min.)		
Clearance from ports to ground (15” min.)		
Hydrant painted red		
Hydrant barrel found dry		
Hydrant found free of leaks (visual and sound)		
Port threads / storz operational		
2 ½” Port chains removed		
Bonnet and barrel		
Port threads and storz lubricated		
Operating nuts		
Hydrant barrel left dry		
Hydrant Operation		
Hydrant Flush (Flow test not required)		

**NOTICE TO OWNER:** For items noted as failed or needing attention on this report, you are responsible for correcting these items and resubmitting an inspection report when the work is completed and passes inspection.

Owner/Owner’s Representative Signature: \_\_\_\_\_

**Testing Firm (Fire Sprinkler Contractor / Underground Contractor):**

Firm Name: \_\_\_\_\_ Phone: \_\_\_\_\_

License Level: \_\_\_\_\_ Certification #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Certificate of Competency Holder (Tester):**

Name (Printed) \_\_\_\_\_ Signature: \_\_\_\_\_

Certificate Level \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Link to Active Endorsed Contractors:** [https://www.civicgov2.com/vancouver/portal/?r=site/page&view=active\\_endorsed](https://www.civicgov2.com/vancouver/portal/?r=site/page&view=active_endorsed)