



CITY OF ORILLIA

Private Fire Hydrant Annual Inspection Report

NOTE: Hydrant Use Permit required prior to conducting inspection. Copy of both Use Permit and Inspection Report required for submission.

PERMIT # _____

CUSTOMER NAME: _____

PHONE & FAX NO: _____

ADDRESS: _____

HYDRANT LOCATION: _____

HYDRANT #: _____

CONTACT PERSON: _____

MAKE/MODEL: _____

1. Secondary Valve O/L O/R Closed Not Visible OK Inoperable

2. Ground Flange Solid Safety Buried Damaged OK

3. Barrel Water Level: Self-Draining Plugged

4. Caps and Gaskets Replaced Lubricated OK

5. Nozzles and Threads Loose Damaged Leaking Repaired Lead OK

6. Nozzle Orientation OK Improper

7. Lubricate Hydrant OK Replaced Missing

8. Lube Screw OK Replaced Missing

9. Hydrant Painted Yes No Colour

10. Pumper Nozzle Yes No Type

11. Traffic Bollards OK Damaged Too Close N/A

1. Hydrostatic Testing

Prior to Opening: underground leak Yes No

Fully Open: above ground leak Yes No

underground leak Yes No

Fully Closed: underground leak Yes No

2. Flow Test: Pitot reading _____ kPa _____ L/min. _____ minutes flowed

Pressure Test _____ kPa

Volume of Water Used: L/min. x Total Flow Minutes = _____ Litres ÷ 1000 = _____ m³

COMMENTS: _____

Hydrant Operation Satisfactory

Hydrant Operation Unsatisfactory

INSPECTION CONDUCTED BY: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE NO.: _____

FAX: _____

SIGNATURE: _____

DATE: _____

Inspector

SIGNATURE: _____

DATE: _____

Owner