



CHERRY HILL FIRE MARSHAL'S OFFICE

STANDPIPE SYSTEM/HOSE CABINET TEST REPORT

Only this document will be accepted by the Cherry Hill Fire Prevention Division for annual testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable N.F.P.A. standards.

PROPERTY NAME: _____ DATE OF INSPECTION: ____/____/____

PROPERTY ADDRESS: _____ INSPECTOR: _____

TESTING AGENCY NAME: _____

NJ-DFS BUSINESS PERMIT # _____ PHONE # _____

TESTING AGENCY ADDRESS: _____

****ALL STANDPIPE SYSTEMS SHALL MEET THE FLOW DEMANDS REQUIRED AT THE TIME OF INSTALLATION.**

1. TYPE OF SYSTEM: WET DRY CLASS I CLASS II CLASS III
 2. FIRE DEPARTMENT CONNECTION PROPERLY IDENTIFIED? YES NO
LOCATION: _____
 3. ARE VALVES IDENTIFIED WITH SIGN? YES NO
 4. ALL STANDPIPES VALVES OPERATED AT ALL LOCATIONS? YES NO
 5. ALL HOSE STATION VALVES OPERATED AT ALL LOCATIONS? YES NO
 6. ANY MISSING STANDPIPE VALVE WHEELS? YES NO WERE MISSING WHEELS REPLACED? YES NO
 7. ALL HOSE CABINET DOORS HAVE VISUAL IDENTIFICATION GLASS PANELS? YES NO
 8. HOSE CABINETS DOORS WITH NO GLASS PANELS HAVE APPROVED SIGN? YES NO
 9. STANDPIPE THREADS COMPATIBLE WITH FIRE DEPT (N.S.T.)? YES NO
THREADS FREE OF DAMAGE YES NO CONNECTIONS ACCESSIBLE YES NO
 10. MAIN DRAIN TEST? YES NO N/A STATIC PRESSURE _____ PSI RESIDUAL PRESSURE _____ PSI
 11. HYDROSTATIC TEST PERFORMED YES NO DATE OF LAST HYDROSTATIC TEST ____/____/____
 12. 5-YEAR FLOW TEST PERFORMED YES NO IF YES, RECORD RESULTS BELOW:
 OUTLET USED _____ OUTLET SIZE 1 1/2" 2 1/2"
 STATIC PRESSURE _____ PSI RESIDUAL PRESSURE _____ PSI FLOW _____ GPM
 FLOW & PRESSURE ACCEPTABLE YES NO GAGES RECALIBRATED YES NO
- DEFICIENCIES: _____
- _____
- _____

SIGNATURE OF INSPECTOR _____ DATE ____/____/____

SIGNATURE OF OWNER/REPRESENTATIVE _____ DATE ____/____/____