



CHERRY HILL FIRE DEPARTMENT

Annual Private Fire Hydrant Inspection Form

(Please complete one form per hydrant)

Property Name or Address: _____

Testing Agency Name: _____

Inspector: _____

Hydrant Location: _____

Date: _____

	<u>Yes</u>	<u>No</u>
Hydrant Accessible	_____	_____
No Obvious Leaks	_____	_____
No obvious damage	_____	_____
Adequate vehicle protection (parking areas)	_____	_____
Caps are easy to remove	_____	_____
Threads on outlets free of damage and lubricated during inspection	_____	_____
Stem operates smoothly	_____	_____
Hydrant fully opened during inspection	_____	_____
Adequate flow (visual inspection)	_____	_____
Hydrant adequately drains after closing	_____	_____

Please explain deficiencies:
