**Hydrant No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Caps:** | Missing | Replaced | Greased | **Paint:** | OK | Repainted |  |
| **Chains:** | Missing | Replaced | Freed | **Opr. Nut:** | OK | Greased | Replaced |
| **Nozzles:** | Caulked | Replaced |  | **Valve &** **Seat:** | OK | Replaced |  |
| **Packing:** | OK | Tightened | Replaced | **Drainage:** | OK | Corrected |  |
| **Flushed:** |  | minutes |  | **Nozzle Opened** |  |  |  |
| **Pressure:** | Static |  | Residual |  | Flow |  | gpm |

|  |  |
| --- | --- |
| Any other Defects |  |
|  | |
|  | |
|  | |

Inspection Date by

Defects Corrected on by

REVIEWED Name:

Signature:

Date: