



TOWN OF RUTLAND, VERMONT
PRIVATE FIRE HYDRANT INSPECTION FORM
181 Business Route 4
Center Rutland, VT 05736
(802) 773-2528

This form is to be completed as directed by the
Private Fire Hydrant Ordinance of the Town of Rutland.

Owner's Name: _____ Owner's Phone number: (____) ____ - ____

Owner's Address: _____

Owner's Email: _____

Property Address: _____

E-911 Address of hydrant: _____

Date of Work: _____ All responses refer to the current work (inspection,
testing and maintenance) performed on this date.

This inspection is (check one) ☐ Annual ☐ Fifth Year Last inspection date : _____

Notes:

1. All questions are to be answered Yes, No or Not Applicable.
2. All No answers are to be explained in the comments portion of this form.
3. Inspection, Testing and Maintenance are to be performed with water supplies
(including fire pumps) in service, unless the impairment procedures of Chapter 11 of
NFPA 25 are followed.

Part 1 – Owner's Section

1. Is the private fire service main in service? ☐ Yes ☐ No
2. Has it remained in service since the last inspection? ☐ Yes ☐ No
3. Were the systems supplied by the fire main free from actuation of devices or alarms
since the last inspection? ☐ Yes ☐ No

Owner or designee
(Print Name)

Signature

Date

Part 2 – Inspector's Section

1. Annual Inspection Items

a. Dry Barrel Fire Hydrant

- 1) Accessible (free from obstructions) and operating wrench available?
☐ Yes ☐ No ☐ NA
- 2) Outlets at least 18" above ground?
☐ Yes ☐ No ☐ NA
- 3) Outlet caps in place and lubricated including threads and chain race?
☐ Yes ☐ No ☐ NA
- 4) Free from ice or water in barrel?
☐ Yes ☐ No ☐ NA
- 5) Free from leaks and cracks and turn freely?
☐ Yes ☐ No ☐ NA
- 6) Threads in good condition?
☐ Yes ☐ No ☐ NA
- 7) Operating nut in good condition?
☐ Yes ☐ No ☐ NA
- 8) Drains properly?
☐ Yes ☐ No ☐ NA
 - a) Requires pumping to drain completely?
☐ Yes ☐ No ☐ NA
- 9) Underground valve fully opens?
☐ Yes ☐ No ☐ NA

Part 3 – Annual Testing

1. Post indicator valves opened until spring or torsion is felt in rod, then closed back one quarter turn?
☐ Yes ☐ No ☐ NA
2. Valve supervisory devices indicate movement?
☐ Yes ☐ No ☐ NA
3. Do outlet Nozzles move through full range?
☐ Yes ☐ No ☐ NA
4. Outlet Nozzles flowed an acceptable amount of water?
☐ Yes ☐ No ☐ NA

5. Hydrants flowed until clear (at least 1 minutes)
☐ Yes ☐ No ☐ NA
6. Dry barrel hydrants drain in at least one hour?
☐ Yes ☐ No ☐ NA
7. Dry barrel hydrants draining in excess of one-hour labeled to indicate that hydrant must be pumped?
☐ Yes ☐ No ☐ NA
8. All control valves operated through full range and returned to Normal position?
☐ Yes ☐ No ☐ NA

Part 4 – Fifth Year Inspection Item (in addition to above items)

1. Check valves internally inspected and all parts operate properly move freely and are in good condition?
☐ Yes ☐ No ☐ NA
2. Exposed and underground piping passed flow test at expected flows?
☐ Yes ☐ No ☐ NA
3. Measured hydrant flow rate at _____ GPM

Annual Maintenance Items

1. Hose/hydrant houses and equipment in usable conditions?
☐ Yes ☐ No ☐ NA
2. Hydrant caps, stems, plugs, and threads lubricated?
☐ Yes ☐ No ☐ NA
3. Hydrants free of ice, snow and damage?
☐ Yes ☐ No ☐ NA
4. Monitor Nozzles are lubricated?
☐ Yes ☐ No ☐ NA

Part 5 – Hydrant Data

1. Water source: _____
2. Water main size: _____
3. Outlet data:
- a. Outlet 1: Size: _____ Thread: _____
 - b. Outlet 2: Size: _____ Thread: _____
 - c. Outlet 3: Size: _____ Thread: _____
4. Make: _____ Year: _____
5. Shut off location (distance / direction): _____

(Any “No” answers, tests failures or other problems found with the system must be explained here)

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify the information on this form is correct at the time and place of my inspection and all equipment tested at this time was left in operational condition upon completion of this inspection except as Noted in Part 6 above.

License or Certification Number (if applicable) _____

Or mail completed form to:

Town of Rutland
181 Business Route 4
Center Rutland, VT 05736
ATTN: Admin Office – Hydrant Testing