

**** ORIGINAL FORM MUST BE SUBMITTED TO FIRE MARSHAL'S OFFICE WITHIN 10 DAYS OF TESTING**

Town of Riverhead Office of the Fire Marshal Fire Hydrant/Fire Service Main Test Report												
Name of Premise				Testing Company								
Location of Premise				Contact Person								
Section:		Block:		Lot:				Phone Number				
Property Owner Information								Hydrants Properly Color Coded				
Name:				Phone#						Y or N:		
Address:				City:		State:		Zip:		Fire Protection Reg#:		
Hyd. #	Date	Thread Type	Hydrant Location		Pressure (psi)			Nozzle Size	CF	Flow GPM	Flow @ 20 psi	
			Flow Hydrant	Gauge Hydrant	Static	Residual	Pitot					

Deficiencies: _____

All deficiencies corrected? Y or N _____ **If No, why?** _____

CERTIFICATION: I, an employee of the inspecting firm listed above, do hereby certify that the private fire service mains, fire hydrants(s) and privately operated pumping facilities described above have been inspect in accordance with the applicable portions of NFPA 25, 2017 edition. This certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specific interv but does imply that all such items inspected or tested appeared to function as noted in this certification at the time of the inspection. I certify that this inspection has been properly conducted and all of the above statements are true and correct to the best of my knowledge.

Print name of Inspector

Signature of Inspector

Date