# Brookhaven Town Division of Fire Prevention Fire Hydrant/Fire Service Main Test Report

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|---|---|---|---|---|---|---|---|
| Name of Premise | | | | | | Testing Company | |
| Location of Premise | | | | | | Contact Person | |
| Section: | | Lot: | | Block: | | Phone Number | |

| Property Owner Information | | | | | | | | Hydrants Properly Color Coded | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Name: | | | | Phone # | | | | | Yes or No: | |
| Address: | | City: | | State: | | Zip: | | Fire Protection Reg #: | | |

| Hyd # | Date | Thread Type | Hydrant Location: Flow Hydrant | Hydrant Location: Gauge Hydrant | Pressure (psi): Static | Pressure (psi): Residual | Pressure (psi): Pitot | Nozzle Size | CF | Flow GPM | Flow @ 20 psi |
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**Deficiencies**

| Were all deficiencies corrected? | Yes or No | | If No, Why? | |
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**CERTIFICATION: I, an employee of the inspecting firm listed above, do hereby certify that the private fire service mains, fire hydrant(s) and privately operated pumping facilities described above have been inspected in accordance with the applicable portions of NFPA 25, 2008 edition. This certification does not imply that items requiring daily, weekly, monthly or quarterly inspection or testing were performed at specific intervals, but does imply that all such items inspected or tested and 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