



**City of Black Hawk  
Fire Department**  
196 Clear Creek Street | PO Box 68  
Black Hawk, CO 80422-068  
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[www.cityofblackhawk.org](http://www.cityofblackhawk.org)

# System Test Report

## STANDPIPE

Occupancy Information		
Occupancy Name:	Contact Name:	
Occupancy Address:	Phone:	
	Email:	
Inspection & Testing Agency Information		
Name:	Phone:	
Address:	Emergency Phone:	
	Email:	
Inspector/Tester Information		
Name:	Phone:	State Reg. No.:
Signature:		Date:

# STANDPIPE SYSTEM

**Date Tested:**

The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the current Fire Code, referenced NFPA 25 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

<b>Pre-Test Checks</b>	
A Temporary Fire Watch Permit (TFWP) is <b>required</b> when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. Avoid unnecessary alarms by putting the Fire Alarm System in test mode. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.	
1. If system is taken offline, <a href="#">Temporary Fire Watch Permit (TFWP)</a> has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Testing &amp; Inspection Checklist</b>	
6. The standpipe is located in areas that could be damaged by water if a leak occurs, and passed the air pressure test at 25 psi (1.7 bar) prior to introducing water to the system.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. The standpipe passed the 5-year hydrostatic test in accordance with NFPA 25 (manual dry standpipe systems and semi-automatic dry standpipe systems only)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Flow Tests</b>	
8. The required flow for this standpipe is:	_____ gpm
9. The standpipe passed the 5-year Flow Test.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. For stand-alone automatic standpipes: The system passed the main drain test, done in accordance with NFPA 25 Chapter 13. A separate main drain test does not need to be done on standpipes combined with a sprinkler system that has already been tested.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Pressure regulating valves (PRV) provide acceptable flow and pressure. (Document results on separate page).	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. The flow switch(es) operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. The flow alarm(s) operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Fire pump(s) started from roof flow.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Obstruction Investigation</b>	
15. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: This test is satisfied for combination standpipes when it is done for the automatic sprinkler system.	
16. The 5-year obstruction investigation for the FDC(s) included testing and operation of the check valve and auto drain in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Gauges</b>	
17. The maintenance on the system gauges is up-to-date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check can be done for multiple floors at static pressure using one calibrated gauge and hydraulic calculations.	
<b>Valves &amp; Hose Connections</b>	
18. The water supply control valves are secured or electronically supervised.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. The Fire Department Connection(s)(FDC) is clear of bushes, guards, or other debris and is visible from the street.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. All FDCs have protective plugs or covers.	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. If a plug or cover was missing from a FDC the piping was inspected for debris in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. All swivels turn freely.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. All hose connection valves/ports have a protective cap with a 1/8" relief hole.	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. All caps and plugs have at least 12" clearance for operating wrenches.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Monitoring</b>	
25. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Recalls</b>	
26. The inspector did not find recalled devices during the visual inspection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: the inspector's inspection is a visual cursory inspection from the floor level in accessible areas.	
<b>Alarm Monitoring</b>	
27. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Type II Standpipes</b>	
28. The hose cabinet(s) is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
29. The hose storage device(s) is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
30. The hose is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
31. The nozzle is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<b>Final Checks</b>	
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
32. The standpipe was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I am authorized to submit this report for the certified technician who has accepted this statement.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature: