



Westampton Township Emergency Services  
 Bureau of Fire Prevention  
 Office of the Fire Marshal  
 780 Woodlane Road Westampton, New Jersey 08060  
 Phone (609) 267-2041 ext. 215 Fax (609) 267-3305  
 www.westamptonfire.org FireMarshal@westamptonfire.org



### STANDPIPE SYSTEM AND HOSE CABINET TEST REPORT

**\*\*Only this document will be accepted by the Westampton Township Emergency Services Bureau of Fire Prevention for annual testing purposes as required by the New Jersey Uniform Fire Safety Code and applicable N.F.P.A. standards.**

**\*This form must be faxed or mailed to Westampton Township Emergency Services Bureau of Fire Prevention within 48 hours of test completion**

PROPERTY NAME: \_\_\_\_\_ DATE OF INSPECTION: \_\_\_\_/\_\_\_\_/\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_ INSPECTOR: \_\_\_\_\_

TESTING AGENCY NAME: \_\_\_\_\_

NJ-DFS BUSINESS PERMIT # \_\_\_\_\_ PHONE # \_\_\_\_\_

TESTING AGENCY ADDRESS: \_\_\_\_\_

1. DATE OF LAST TEST: /\_\_\_\_\_/\_\_\_\_\_ DATE OF LAST HYDRO: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \*\*ALL STANDPIPE SYSTEMS SHALL MEET THE FLOW DEMANDS REQUIRED AT THE TIME OF INSTALLATION.

2. TYPE OF SYSTEM:  WET  DRY  DRY PIPE

3. FIRE DEPARTMENT CONNECTION PROPERLY IDENTIFIED?  YES  NO  
 LOCATION: \_\_\_\_\_

4. ARE VALVES IDENTIFIED WITH SIGN?  YES  NO

5. STANDPIPE TEST FOR HIGH-RISE COMPLETED AS REQUIRED EVERY TWO YEARS?  YES  NO

6. STANDPIPE TEST FOR ALL OTHER BUILDINGS AS REQUIRED EVERY FIVE YEARS?  YES  NO

7. ALL STANDPIPES VALVES OPERATED AT ALL LOCATIONS?  YES  NO

8. ALL HOSE STATION VALVES OPERATED AT ALL LOCATIONS?  YES  NO

9. ANY MISSING STANDPIPE VALVE WHEELS?  YES  NO WERE MISSING WHEELS REPLACED?  YES  NO

10. ALL HOSE CABINET DOORS HAVE VISUAL IDENTIFICATION GLASS PANELS?  YES  NO

11. HOSE CABINETS DOORS WITH NO GLASS PANELS HAVE APPROVED SIGN?  YES  NO

12. STANDPIPE THREADS COMPATIBLE WITH FIRE DEPT?  YES  NO TYPE THREAD: \_\_\_\_\_

13. ALL STANDPIPE SYSTEMS SHALL BE HYDROSTATICALLY TESTED AND SHALL MAINTAIN FOR TWO HOURS A PRESSURE OF NOT LESS THAN 200 P.S.I. OR 50 P.S.I. IN EXCESS OF THE MAXIMUM STATIC PRESSURE WHEN THE MAXIMUM PRESSURE IS IN EXCESS OF 150 P.S.I.

14. STANDPIPE #	START PRESSURE	START TIME	END TIME	END PRESSURE	RESULT
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

SIGNATURE OF INSPECTOR \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE OF OWNER/REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_