

MAINTENANCE INSPECTION RECORD

Standpipes - Inspect Every 6 Months

CHECK POINTS	COMPONENT	CORRECTIVE ACTIONS	OK	Corr. Req.	N/A
FIRE DEPARTMENT CONNECTION					
1. Inlet caps missing.		1. Inspect interior, replace.			
2. Couplings damaged.		2. Repair or replace.			
3. Couplings do not rotate smoothly.		3. Lubricate			
4. Gaskets missing or deteriorated.		4. Replace.			
5. Clapper valves do not close completely.		5. Repair.			
6. Visible or exterior obstructions.		6. Remove.			
7. Not identified.		7. Replace, repair or install sign.			
HOSE OUTLETS - 2 1/2 INCH					
1. Cap missing.		1. Replace			
2. Damaged fire hose connection threads.		2. Repair or replace.			
3. Valve handles missing.		3. Replace.			
4. Cap gasket missing or deteriorated.		4. Replace gasket.			
5. Visible or exterior obstructions.		5. Remove.			
6. Valve does not operate smoothly.		6. Lubricate.			
PIPING					
1. Accessible piping damaged.		1. Repair.			
2. Visible or exterior obstructions.		2. Remove.			
HOSE					
1. Mildew, cuts, abrasions and deteriorations.		1. Replace with approved lined hose.			
2. Couplings damaged.		2. Replace hose.			
3. Gaskets missing or deteriorated.		3. Replace.			
NOZZLE					
1. Missing.		1. Replace with approved nozzle.			

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NOZZLE (continued)					
2. Gasket missing or deteriorated.		2. Replace.			
3. Obstructions.		3. Remove.			
HOSE OUTLET - 1 1/2 INCH					
1. Damaged fire hose connection threads.		1. Repair or replace.			
2. Valve handles missing.		2. Replace handle.			
3. Corroded or leaking.		3. Remove.			
4. Hose improperly racked or rolled.		4. Re-rack or re-roll.			
HOSE RACK OR REEL					
1. Difficult to rotate.		1. Repair or replace.			
2. Damaged.		2. Repair or replace.			
3. Obstructions		3. Remove.			
4. Hose improperly racked or rolled.		4. Re-rack or re-roll.			
CABINET					
1. Difficult to open.		1. Repair			
2. Not readily distinguishable as containing fire equipment.		2. Provide labeling.			
3. Visible or exterior obstructions.		3. Remove.			
EXPLANATION AND LOCATION OF CORRECTION/S:					

Signature of Inspector: _____

Date Inspected: _____ Area (Floors) Inspected: _____