

Dry Riser Inspection Record

A dry riser inspection and test record: building and check type, inlet box, each outlet's valve, cap, strap and signage, the annual pressure test, faults, and the 24-hour reporting rule for high-rise residential buildings.

1. Building

Project

Client

Site *

Site address

Date *

Time

Engineer or checker *

Company and competence (for example BAFSA or third-party certification)

Check * (choose one)

☐ Monthly routine check ☐ Six-monthly visual inspection ☐ Annual pressure test

Storeys

Does the building have two or more homes and is it at least 18 m high or 7 storeys?

☐ Yes ☐ No

If applicable: Fire Safety (England) Regulations 2022, regulation 7: in a high-rise residential building the responsible person must carry out monthly routine checks of essential fire-fighting equipment, which includes dry riser inlets and outlets, and keep a record that residents can see. If a fault cannot be fixed within 24 hours, it must be reported to the fire and rescue service electronically, and reported again when fixed.

BAFSA guidance on rising mains to BS 9990: check dry risers every six months and carry out a wet pressure test every year. Article 38 of the Fire Safety Order requires equipment provided for fire-fighters to be maintained in efficient working order and good repair.

2. Inlet

Inlet location

Inlet position

Mark current location at the inlet box, so the fire service and the next engineer can find it.

Inlet box, door and glass (choose one)

☐ OK ☐ Defect

What is wrong? (if applicable)

Dry riser inlet sign (choose one)

☐ OK ☐ Defect

What is wrong? (if applicable)

Inlet valves and caps (choose one)

☐ OK ☐ Defect

What is wrong? (if applicable)

Drain valve closed (choose one)

☐ OK ☐ Defect

What is wrong? (if applicable)

Clear access for the fire service (choose one)

☐ OK ☐ Defect

What is wrong? (if applicable)

Photos of the inlet (photos: attach, or note the file names)

Inlet items with a defect (worked out automatically in the app)

3. Outlets

Outlets (copy this block for each one)

Floor *

Landing valve closed, strapped and padlocked (choose one)

☐ OK ☐ Defect

Blank cap and chain (choose one)

☐ OK ☐ Defect

Outlet box and sign (choose one)

☐ OK ☐ Defect

What is wrong? (if applicable)

Photos of the outlet (photos: attach, or note the file names)

Outlets checked (worked out automatically in the app)

Outlets with a defect (worked out automatically in the app)

Defects found (inlet items and outlets) (worked out automatically in the app)

4. Pressure test and result

Test pressure in the test procedure (bar) (if applicable)

From the maintenance contract or the written test procedure for this main. The form compares the test with what you enter.

Hold time in the test procedure (minutes) (if applicable)

Test pressure applied (bar) (if applicable)

Held for (minutes) (if applicable)

Pressure at the end of the hold (bar) (if applicable)

Drop over the hold (bar) (if applicable; worked out automatically in the app)

Test against the procedure (if applicable; worked out automatically in the app)

Pressure held with no leaks? (if applicable)

☐ Yes ☐ No

If applicable: The test did not meet the procedure, or the pressure did not hold. Record the leak or the shortfall under faults and plan a retest.

Result * (choose one)

☐ In efficient working order ☐ Faults found

Faults and action (if applicable)

Will the faults be fixed within 24 hours? (if applicable)

☐ Yes ☐ No

If applicable: Report the fault to the fire and rescue service electronically, and report again when it is fixed.

Date reported to the fire and rescue service (if applicable)

Report reference (if applicable)

Actions (copy this block for each one)

Action *

Priority (choose one)

☐ Urgent ☐ High ☐ Medium ☐ Low

Owner

Due

Status (choose one)

☐ Open ☐ In progress ☐ Completed

Next check due

Monthly routine check where regulation 7 applies; six-monthly visual inspection and annual pressure test under BS 9990.

Days until the next check (if applicable; worked out automatically in the app)

If applicable: Check the date. The next date is before the date of this visit.

Completed by *

Signature