

Fire Hydrant Inspection

A private fire hydrant record covering identification, access, visible condition, authorised test references, defects and impairment notifications.

1. Record details and scope

Project

Filled in from the project in SiteSurvey.

Site or premises address

Client or organisation

Record date *

Person completing the record *

This is a private-site condition and authorised test record. It does not permit operation of a public hydrant, prescribe test limits or certify compliance with BS 9990.

Hampshire and Isle of Wight Fire and Rescue explains that private hydrants are the responsibility of the site's owners or occupiers and need testing and maintenance. Government fire guidance includes private hydrants among facilities needing appropriate maintenance. Confirm ownership and local arrangements before work.

2. Hydrant and authority

Hydrant ID, type and exact location *

Asset owner and responsible contact *

Authority for inspection or testing *

Fire water plan and maintenance procedure reference

Visit scope * (choose one)

☐ Visual check only ☐ Authorised specialist testing

3. Visible checks

Location and identification are clear * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Access and working area are unobstructed * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Cover and chamber condition checked within safe access limits * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Visible leakage, damage or missing components recorded * (choose one)

☐ Acceptable ☐ Action needed ☐ Not checked ☐ Not applicable

Action, limitation or reason not applicable * (if applicable)

Supporting photos (photos: attach, or note the file names)

4. Testing and impairment

Specialist test report and instrument references * (if applicable)

Actual results, units and acceptance criteria * (if applicable)

Defects, service impairment and temporary arrangements

Identify the affected hydrant and the reported restriction. Record notification and restoration evidence as separate events.

Owner and fire-safety responsible person notified

Restoration evidence and responsible person

5. Actions and review

Are further actions required? * (choose one)

☐ Yes ☐ No

Further action (copy this block for each one; if applicable)

Action and evidence reference *

Person responsible *

Target date

Action status * (choose one)

☐ Open ☐ In progress ☐ Completed

Completion evidence * (if applicable)

Outstanding limitations and information to pass on

Record status * (choose one)

☐ Ready for review ☐ Further work needed ☐ Work or use stopped

Reviewed by

Review date

Author signature *



Signing records the information entered. It does not itself certify legal compliance, remove a limitation or authorise unsafe work.