

DRY PIPE VALVE TEST

NAME OF PROPERTY: _____
 ADDRESS: _____

DATE: _____
 ISO FILE #: _____
 RISK ID: _____

DRY PIPE VALVES			
	NO. 1	NO. 2	NO. 3
SIZE, MAKE, MODEL & YEAR OF MANUFACTURE			
CONTROLS SPRINKLERS IN			
PRESSURE (LB) AIR			
BEFORE TESTS WATER			
CONTROL VALVE WIDE OPEN? (IF NOT HOW MANY TURNS?)			
OPERATED AT: AIR PRESSURE (LB)			
TIME (MIN., SEC.)			
OPERATION: (INDICATE SATISFACTORY, PARTLY SATISFACTORY OR FAILED)			
REASON FOR FAILURE OR PARTLY SATISFACTORY OPERATION			
VALVE RESET DRY?			
LIST REPAIRS MADE			
CONDITION: INTERIOR OF BODY			
WATER FROM TEST PIPE			
MOVING PARTS			
SEATS			
RUBBER FACING			
ALARMS OPERATED?			

QUICK OPENING DEVICES			
MAKE, MODEL, YEAR			
OPERATION: (INDICATE SATISFACTORY, PARTLY SATISFACTORY OR FAILED)			

 SIGNATURE AND TITLE OF PERSON MAKING TESTS

 COMPANY NAME

 ADDRESS

 WITNESS (OWNER OR LESSEE OF PROPERTY)

 DATE OF EXAMINATION

Mail or fax completed form to:

ATTN: CUSTOMER SERVICE
Insurance Services Office, Inc.
3100 Breckinridge Blvd., Suite 700
Atlanta, Georgia 30096-4985

fax: (800) 777-3929
voice: (800) 677-2878