



## ANNUAL STAND PIPE SYSTEM INSPECTION / TEST REPORT STAND PIPE SYSTEM

**Fire Prevention Division**  
1701 Meridian Ave. 2nd Floor  
Miami Beach, Florida | 33139

Attention: \_\_\_\_\_

Received By: \_\_\_\_\_

All standpipes, hose, and system components located at the following address have been inspected and/or tested by a licensed contractor for proper operation as required by the adopted code/standards at the time of installation and are OPERATIONAL as per NFPA 14.

|                                       |  |
|---------------------------------------|--|
| <b>Owner Name and Mailing Address</b> |  |
|                                       |  |
|                                       |  |
|                                       |  |
|                                       |  |
| <b>Business Phone</b>                 |  |

|                          |  |
|--------------------------|--|
| <b>Address</b>           |  |
| <b>Type of Occupancy</b> |  |
|                          |  |

|  |                               |  |
|--|-------------------------------|--|
| <b>Person performing Inspection / Test</b> | Certificate of Competency No. |  |
| Name: _____                                |                               |  |

|  |                     |  |
|--|---------------------|--|
| <b>Contractor / Company performing Inspection / Test</b> | Telephone Number(s) |  |
| Name: _____  |                     |  |
| Address: _____   |                     |  |

NOTE: IF THE SYSTEM IS OPERATIONAL: A record shall be maintained, and a tag or sticker placed at the base of the system, or fire pump room, if applicable, showing the date, telephone number and name of company performing the inspection and/or test.

Date of Inspection / Test: \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_      Signature: \_\_\_\_\_

Remarks: \_\_\_\_\_