

## SA HYDRANT SOLUTIONS

MARION SA 5043

PH: 0414 374 549 - PH: 0408 891 832

ABN: 83837116930

[info@sahydrantsolutions.com](mailto:info@sahydrantsolutions.com)

[www.sahydrantsolutions.com](http://www.sahydrantsolutions.com)

# SAHS

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## HYDRAULIC FLOW REQUEST

PREMISES NAME .....

PREMISES ADDRESS.....

DATE AND TIME TEST REQUIRED (preferred – subject to confirmation)

.....

### MANAGEMENT/CONTRACTORS DETAILS

Company Name.....

Contact .....

Address .....

Telephone .....

Email .....

### TYPE OF TEST REQUIRED

☐

MULTI STOREY

☐

INDUSTRIAL

☐

TRIENNIAL

☐

UNASSISTED

## IMPORTANT

**Please supply the date the system had a recent pressure test to confirm the system integrity as required under AS 2419...../...../.....**

### TEST REQUIRED

☐

Hose Reels Only

☐

Unassisted Hydrants (no booster on site)

☐

Boosted Hydrants

☐

Unassisted Combination Hydrant Sprinkler

☐

Boosted Combination Hydrant Sprinkler

☐

Boosted And Pumped Hydrant

☐

Boosted And Pumped Combination Hydrant

### IF SPRINKLED

*Does Sprinkler Have Test Facility Installed?*

☐

**YES (Contractor To Be On Site, Day Of Test With Annubar)**

☐

NO

*If Yes, Please Supply Test Flow Rate Requirements Of Sprinkler below*

.....L/M@.....KPA  
Using a..... meter  
With a ..... probe  
Which equates to .....% of flow

### **IF BOOSTED**

Has Booster Assembly Been Overhauled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are Street Plugs Used As Water Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are On-Site Tanks Used As Water Source	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### **BOOSTER CABINET CHECKLIST**

<input type="checkbox"/> External signage.	<input type="checkbox"/> Gauge cock fitted.
<input type="checkbox"/> Location acceptable.	<input type="checkbox"/> Block plan (weatherproof).
<input type="checkbox"/> Drainage.	<input type="checkbox"/> Safe & Test pressure placard.
<input type="checkbox"/> Identification signage inside cabinet.	<input type="checkbox"/> Doors open 90 deg or off.
<input type="checkbox"/> Blank Caps.	<input type="checkbox"/> Door hinge non-ferrous.
<input type="checkbox"/> Clearance for couplings.	<input type="checkbox"/> Construction OK.
<input type="checkbox"/> Main valve locked open.	<input type="checkbox"/> Clearance around valves.
<input type="checkbox"/> Door Lock square key.	<input type="checkbox"/> Flow arrow on pipe.

### **FIRE HOSE REEL CHECKLIST**

<input type="checkbox"/> Hose reel 4 metres from exit	<input type="checkbox"/> Exit door signage
<input type="checkbox"/> Nozzle interlock fitted	<input type="checkbox"/> Hose extends freely
<input type="checkbox"/> Location acceptable	<input type="checkbox"/> Stop Valve height (1000mm)
<input type="checkbox"/> Doors allow egress (90Deg back)	<input type="checkbox"/> Mounting height (1500-2400)
<input type="checkbox"/> Isolation / Backflow handles removed	<input type="checkbox"/> Hose guide clears cupboard
<input type="checkbox"/> Floor guide required?	

### **HYDRANTS CHECKLIST**

<input type="checkbox"/> Height OK	<input type="checkbox"/> Clearance (rolled grooves)
<input type="checkbox"/> Clearance for wheel valves (100mm)	<input type="checkbox"/> Outlets not less than 30 deg down
<input type="checkbox"/> Bollards required	<input type="checkbox"/> Blank caps & chains
<input type="checkbox"/> Identification	<input type="checkbox"/> Acceptable location
<input type="checkbox"/> Stability	<input type="checkbox"/> Radiation barrier required

**The above details are required prior to a flow test being booked.**

*Whilst SA Hydrant Solutions and its employees will take all care and make every endeavour to ensure there is no damage to property or firefighting infrastructure, occasionally due to age and degradation of infrastructure, system failure and or damage may occur. In the unlikely event of any damage occurring because of testing we accept no responsibility or liability for any damages or repairs.*

*By submitting this request, the "contact" as listed on this document assumes financial responsibility for payment of services provided by SA Hydrant Solutions.*

*Terms of payment for services rendered are strictly 14 days.*

**Print Name;** .....

**Authorising Person Signature;** .....

Please return this form by to **info@sahydrantsolutions.com**

Once this request has been received, we will contact you to confirm time and date for the test to be conducted.