



City of Prescott Fire Department Fire Flow / Pressure Test Report

Date of test ____/____/____ Time of test ____ AM / PM

Location of test _____

Static Pressure	_____	PSI
Residual Pressure	_____	PSI
Pitot	_____	PSI
Flow	_____	GPM
Outlet Size	_____	Inches

Flow test was performed by _____

Company Name

Company representative signature

Please Print Name

The results of the flow test were witnessed first hand at the time and date referenced above by:

Signature of
PUBLIC WORKS WATER OPERATIONS

Please Print Name

Date: ____/____/____

*Contact the City of Prescott Water Operations at (928) 777-1118 for an appointment to conduct the flow test or pressure test. A fee of \$50.00 shall be paid to the City of Prescott water operations for a pressure or flow test **prior** to conducting tests. *At this time the public works operation personnel will confirm that the street valves are open and witness the tests, and estimate the total water usage.*

Failure to having this test witnessed by water operation personnel will void the test.

**THIS FORM SHALL BE SUBMITTED WITH EVERY
FIRE SPRINKLER PLAN.**