



El Segundo Fire Department
Fire Prevention Division

Hydrant Flow Test Report

Project Name and Address: _____

Date of Test: _____ Time of Test: _____

Test Witness: _____

Location of Hydrants Tested (Attach Sketch): _____

Static Pressure: _____

Elevation: _____

<u>Size of Outlet</u>	<u>Residual Pressure</u>	<u>Pitot Reading</u>	<u>Coefficient</u>	<u>GPM</u>
2.5 inch	_____	_____	_____	_____
4 inch	_____	_____	_____	_____
2.5 + 4 inch	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Gallons Per Minute calculated at 20 psi: _____

The above Information is required on all fire sprinkler plans submitted for approval to the Fire Department. Data is acceptable only if the test was made within the preceding 12 months.

I certify that the above information is correct to the best of my knowledge.

Name of Responsible Person (print)

Signature