



FLOW TEST VERIFICATION FORM

INSTALLING CONTRACTOR:

Company _____
Contact _____
Phone _____
Fax _____
Job Name _____
Job Address _____
City _____
State _____ Zip _____

How many gallons of water did the design predict as required
GPM _____

Did the test meet or exceed design flow? *Circle one*, Yes No

Remote sprinkler head location, (room name)

Date left in service with all valves open

Is the warning sign permanently attached close to the main
shutoff valve? *Circle one*, Yes No

Was this system required by code? *Circle one*, Yes No

TEST RESULTS:

Sprinkler Head test orifice used: K= _____
Static pressure (not flowing)
Read at incoming water supply location: _____
Residual pressure (flowing)
Read at incoming water supply location: _____
What time of day was the flow test taken? ____:____ am pm
Flow test method used?
Circle one, Bucket Flow Meter, Result: GPM: _____

TEST WITNESSED AND VERIFIED BY:

Name _____
Signature _____
Representing _____
Date _____
Additional Explanations and Notes: _____

