



**TOWN OF OCEAN CITY - OFFICE OF THE FIRE MARSHAL**

**P.O. Box 158 Ocean City, MD 21843**

**Phone # 410-289-8780 Fax # 410-289-8767**

**CERTIFICATE OF INSPECTION**

***Standpipe System***

- Annual Certificate of Inspection in Accordance with NFPA 25
- Non-Annual Certificate of Inspection in Accordance with NFPA 25

Deficiencies:  YES  NO

**Protected Property:**

Building Name: \_\_\_\_\_

Exact Physical Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Bill To: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

**Standpipe System Testing Company:**

Inspector/Technician: \_\_\_\_\_

Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Date System Tested: \_\_\_\_\_

**Standpipe System Owner's Notification:**

The owner and/or the owner's representative of the system was notified on \_\_\_\_\_ of all deficiencies?

**PRIOR TO TESTING, OCEAN CITY COMMUNICATIONS SHALL BE NOTIFIED!  
PHONE # 410-723-6620**

**(Failure to do so will result in the full provisions of the Town of Ocean City Fire Prevention and Protection Code to be invoked.)**

Dispatcher Name/Number: \_\_\_\_\_ Time: \_\_\_\_\_

**System Type:**  Wet Standpipe  Dry Standpipe  Manual  Semi-Automatic  Automatic  Other

**Pressure Restricting Devices / Valves (PRV's):** Are PRV's provided?  Yes  No

**Deficiencies Identified During Inspection:**

- |   |  |
|---|--|
| <input type="checkbox"/> System Out Service               | <input type="checkbox"/> FDC Obstructed  |
| <input type="checkbox"/> Fire Hose Connection Damaged     | <input type="checkbox"/> Cap(s) Missing on FDC                                   |
| <input type="checkbox"/> Valve Handle Missing             | <input type="checkbox"/> Valves Do Not Operate Smoothly                          |
| <input type="checkbox"/> Hose Connections / Valve Leaking | <input type="checkbox"/> Pressure Restricting Device Not Functioning Properly    |
| <input type="checkbox"/> Damaged Pipe                     | <input type="checkbox"/> Control Valve(s) Damaged                                |
| <input type="checkbox"/> FDC Sign Missing / Obstructed    | <input type="checkbox"/> Fire Hose Connection Obstructed                         |
| <input type="checkbox"/> Control Valves Not Supervised    | <input type="checkbox"/> Horizontal and/or Vertical Pipes Not Supported Properly |
| <input type="checkbox"/> Other: List Below                |  |

**Comments / Deficiency Description:** (Attach an "Additional Information Form" if more room is needed.)

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**FOR INTERNAL USE ONLY:**

Data Entry Date: \_\_\_\_\_ FM Assigned: \_\_\_\_\_ Date FM Assigned: \_\_\_\_\_ Date Inspected/Contacted: \_\_\_\_\_

- No Deficiencies Found
- Deficiencies Verified

QV #: \_\_\_\_\_ Date of Violation: \_\_\_\_\_ Date of Compliance: \_\_\_\_\_

**\*\*THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS FROM THE DATE OF INSPECTION TO THE OCEAN CITY FIRE MARSHALS OFFICE \*\***