2399 North Frontage Road West
Vail, CO 81657
www.vail.gov/government/departments/fire

Fire and Emergency Services
Main 970-479-2250
Fire Prevention 970-477-3536

Vail Fire Flow Test Data Form

Instructions: First, schedule a flow test with Eagle River Water & Sanitation District, then contact Vail Fire & Emergency Services by emailing fireinspections@vailgov.com to schedule a flow test.

Second, upon successful completion of the flow test, complete the form and submit the form with any new fire sprinkler projects or whenever hydraulic data cannot be determined for modifications to fire sprinkler systems.

FIRE CONTRACTORS INFORMATION

Project Location: _____

Hydrant Flow Test Location: _____

Reason for Test: ☐ Fire Sprinkler Design ☐ Other

Flow Required at 20 psi residual pressure: _____ gallons per minute (GPM)

Name of Contractor Business Performing Flow Test: _____

VFES Fire Contractors License #: _____

Phone: _____ Email: _____

Design/Engineer Printed Name: _____

Phone: _____ Email Address: _____

Signature of Contractor Performing Test: _____

Printed Name: _____

Date: _____

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Hydrant Flow Test shall follow ERWSD Requirements and the most current standards NFPA 291.

FIRE HYDRANT FLOW TEST DATA

Pressure Fire Hydrant Test Location: _____ ERWSD Fire Hydrant #: _____

Pre Flow Static Pressure: _____ PSI Time: _____:_____

Residual Pressure: _____ PSI Time _____:_____

Post Flow Static Pressure: _____ PSI

Elevation: _____ Potential Low-Pressure: _____ Potential High-Pressure: _____

Flow Fire Hydrant Test Location: _____ ERWSD Fire Hydrant #: _____

Type of Diffuser Used: _____ Diffuser Size (inches): _____

Flow Pressure: _____ PSI Discharge Flow Rate: _____ GPM

Flow Hydrant Start Time: _____:_____ End Time: _____;_____

Duration of Steady Flow Time: _____ minutes/seconds

Duration of Flow Minutes: _____ minutes/seconds

☐ Witnessed by VFES and Name: _____

☐ Witnessed by ERWSD and Name: _____

Note: If not witnessed by VFES, provide date/time-stamped photographs of TEST and Flow Hydrants to the back of this form.