



FIRE UNDERWRITERS SURVEY

A SERVICE TO INSURERS AND MUNICIPALITIES

c/o Risk Management Services

Superior Tanker Shuttle Service Accreditation Test Form

Basic Information:

Test Conducted by: _____ Test Date: _____

Municipality: _____ Fire Department: _____

Automatic Aid Department: _____

Describe where aid comes from and travel distance: _____

Refill Sites used during test:

Refill Site Number	Distance from Test Site to Refill Site

Refill Sites Available to the Fire Department:

	Name	Location of Refill Sites	Type of Water Source available for refill	Water Available at Source	Road Travel Distance to Fire Station (km)
1					
2					
3					
4					
5					

3999 Henning Drive, Burnaby, B.C. V5C 6P9
Tel: (604) 609-4125 • Fax: (604) 688-6986 • Toll Free: 1-800- 665-5661

ISO 9001 Registered



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Description of Refill site(s) used during the test (noting access issues, improper turnaround, signage, loading platforms)

If pressurized fire hydrants are used as a refill site, were flow tests conducted?

Tanker Start Point for Chosen Test Site:

Tanker	Location	Distance from Start Point to Test Site (km)	Capacity at Start of Test	Port-a-Tank Equipped



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Test Sites Available to the Fire Department:

Test Site	Location of Test Sites	Distance to Fire Station (km)	Latitude & Longitude	Road Travel Distance to Fire Station (km)
1				
2				
3				
4				
5				

Location of Chosen Test Site:

Why was the Test Site Chosen?

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Refill Sites used during
test:

Name	Location	Distance from Test Site to Refill Site	Type of Water Source	Water Available at Source

Roadway Information:

Posted Speeds of Roadway to Refill Site(s):

Maximum Allowable Travel Speed during Test:

RCMP Notified:

Community Notified:

Lights and Sirens used during test:

Description of Roadway used during test:



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Test Data:

Initial Available Water at Test Site: _____

Test Start Time (on the day of the test): _____

Nozzle Diameter (orifice size): _____ Coefficient: _____

Time 200 IGPM was first flowed as read from the stopwatch: _____

Pitot reading: _____

Suction Hose Diameter: _____ Suction Hose Material: _____

Suction Hose Length: _____ Suction Hose Lift during test: _____

Portable Pumps and pumping capacity used during test (if any): _____

Describe how the department connects portable tanks together (if not known from Portable-Tank worksheet): _____



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Test Reading Data:

Time (minutes)	Pitot Reading	Calculated Flow Rate (IGPM)	Discharge Gauge Reading	RPM	Suction Gauge Reading	Engine Temp.	Handheld Pitot Reading
(when 200 lpm was reached)							
+5							
+10							
+15							
+20							
+25							
+30							
+35							
+40							
+45							
+50							
+55							
+60							
+65							
+70							
+75							
+80							
+85							
+90							
+95							
+100							
+105							
+110							
+115							
+120							

Hazen-Williams Flow Calculation

Imperial results require inches and PSI. Metric measurements require mm and kPa.

$$\text{USGPM} - Q = 29.84cd^2\sqrt{P}$$

$$\text{IGPM} - Q = 24.84cd^2\sqrt{P}$$

$$\text{LPM} - Q = 0.0666cd^2\sqrt{P}$$



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T Unit #	Capacity	Station	Start Location	Refill Site

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	Arrival	Departure	Quantity	Travel time	Drop time		Arrival	Departure	Quantity	Travel time	Drop time
1st Cycle						1st Cycle					
2nd Cycle						2nd Cycle					
3rd Cycle						3rd Cycle					
4th Cycle						4th Cycle					
5th Cycle						5th Cycle					
6th Cycle						6th Cycle					
7th Cycle						7th Cycle					

Notes:

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4th Cycle						4th Cycle					
5th Cycle						5th Cycle					
6th Cycle						6th Cycle					
7th Cycle						7th Cycle					

Notes: