

Fort Collins Utilities Sprinkler Performance Audit Form

Date:	Time:	Auditor:
Site Name:		Company:
Address:		Contact Name:
		Contact Phone #:

System Information

# Zones - Total:	# Controllers:
# Zones – Turf:	Controller Make:
# Zones – Plants:	Controller Model:
# Zones Tested:	# Rain Sensors:

Audit Results : Pass: 60% sprayheads 70% rotors

Controller#	Zone(s) #	Applies to Zone(s) #	Head Type Spray Rotor	Operating Pressure (one sprinkler per zone)	Precipitation Rate (inches/hour)	Distribution Uniformity (percent)	Pass or Fail

I certify that I performed this sprinkler performance audit according to the City's Sprinkler Performance Audit Guidelines and these results are accurate.