Information on this form covers the minimum requirements of NFPA 25-1998 for centrifugal fire pumps. Use of this form does not relieve the owner of the responsibility for complying with other requirements of NFPA 25-1998 for the Inspection, Testing and Maintenance of Fire Pumps.

Owner	r: Owner's Phone	e Number:					
Owner	r's address:						
Proper	ty being evaluated:						
Proper	ty address:						
Date of work: All responses refer to the current inspection performed on this date.							
This in	nspection is: (check one) Weekly Monthly	y Quarterly Semiannual Annual					
Note:	 All questions are to be answered yes, no, or not applicable. All "N Inspections are to be performed with water supplies (including fire Chapter 11 of NFPA 25 are followed. 						
Part I	- Owner's Section						
A.	Is the fire pump in service?	Yes No N/A					
B.	Has the fire pump remained in service since th	he last inspection?					
		Yes No N/A					
C.	Was the system (of which the fire pump is a pa	part) free from actuation of devices or					
	alarms since the last inspection?	Yes No N/A					
Owner	r or representative (print name)	Signature and date					
Part I	I - Inspector's Section						
A.	Inspections - All to be performed weekly.						
1.	Pump house/room at least 40 degrees Fahrenh	neit?YesNoN/A					
2.	Ventilation louvers free to operate?	YesNoN/A					
3.	Suction, discharge and bypass valves open?	YesNoN/A					
4.	Piping free from leaks?	YesNoN/A					
5.	Suction and system pressure gauges normal?	YesNoN/A					
	Record suction and discharge pressu	ure while not running.					
6.	Controller indicating power "ON"?	YesNoN/A					
7.	Transfer switch indicating normal situation?	YesNoN/A					
8.	Isolation switch closed?	YesNoN/A					
9.	Reverse phase alarm indicator "OFF" or norm	-					
		YesNoN/A					
10.	Suction reservoir, if provided, full?	YesNoN/A					
11.	Oil level in vertical motor sight normal?	YesNoN/A					

B. 1.	Tests Wookly test items by qualified operating personnel							
і. А.								
11.	1. Pump started automatically? YesNoN/A							
	Record starting pressurepsi.							
	2. Pump run for at least 10 minutes? YesNoN/A							
	Record suction and discharge pressure while running.							
3. Pump packing gland showing slight discharge? Have adjusted if necessary								
	spkr. contractor.YesNoN/A4.Free from unusual noises or vibration?YesNoN/A							
	5. Packing boxes, bearings and pump casing free from overheading?							
	YesNoN/A							
	6. Record time for motor to accelerate to full speed.							
	7. For reduced voltage or reduced current starting, record time controller is on firs step.							
	8. For automatic stop controllers, record time pump runs after starting.							
	9. Circulation relief valve flowing water while pump churns?							
	YesNoN/A							
	10. Pressure relief valves operating with proper pressure downstream while pump							
	is operational?YesNoN/A							
	11. All times and pressures in Part A acceptable? Yes No N/A							
2. A.								
3.	Semiannual test items by Licensed Sprinkler Contractors							
A.	All fire pump assembly control valve supervisory tamper devices tested ?							
	YesNoN/A							
4.	Annual tests by Licensed Sprinkler Contractors Annual pump test was run using the following method: (Check one)							
	Method A. Discharge of flow through hose streams. Flow readings taken at each hose stream.							
	Method B. Discharge through by-pass flow meter to drain or suction reservoir. Flow readings taken by flow meter.							
	Method C. Discharge through by-pass flow meter directly returned to pump suction. Flow readings taken by flow meter.							
	Note: At least once every three years method A or B must be used.							

PUMP TEST RESULTS : Attach copy of fire pump flow test results to include voltage, current and pump speed r.p.m..

Are the values in the Fire Pump test results acceptable?			No	N/A			
				N/A			
Circu	lation relief valve and pressure relief valve operated pro	perly du	ring all f	flow tests?			
		Yes	No	N/A			
No ala	arm indicators or other visible abnormalities observed \overline{d}	uring no	-flow tes	st?			
	_	_Yes _	No	N/A			
D.	Low suction throttling device test						
	1. Low suction pressure simulated?	Yes	No	N/A			
	Free from abnormalities in throttling action?	Yes	No	N/A			
	2. Free from abnormalities in return to full flow?						
	_	_Yes _	No	N/A			
E.	Automatic transfer switch test						
	1. Power failure simulated during peak flow?	Yes	No	N/A			
	Connection made to alternate power source?						
	2. After termination of simulated power failure \overline{d}						

2. After termination of simulated power failure did motor reconnect to the normal power source? ____Yes ___No ___N/A

C. Maintenance items by qualified personnel

Note: A maintenance schedule must be established in accordance with the manufactures instructions. In the absence of such a schedule, the following must be used:

1. Monthly maintenance items

- A. Circuit breakers appear clean? ____Yes ___No ___N/A
- B. Level 1 transfer switches for fire pumps shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. ____Yes ___No ___N/A

2. Quarterly maintenance items

A. Electrical system free of wire chafing? ____Yes ___No ___N/A

3. Semiannual maintenance items

A. Manual starting means on electrical systems operated?
B. Boxes, panels and cabinets on electrical systems cleaned?
C. Isolation switch and circuit breakers excercised?
Yes No N/A

4. Annual maintenance items

A.	Check pump bearing lubrication?	_	Yes	No	N/A		
B.	Shaft end play acceptable?	-	Yes	No	N/A		
C.	Pump coupling alignment acceptable?	_	Yes	No	N/A		
D.	Circuit breakers passed trip test? See Part II., B., 4., E., 1.& 2.						
		_	Yes	No	N/A		
E.	Electrical connections secure?	_	Yes	No	N/A		
F.	Pressure switch settings calibrated?	_	Yes	No	N/A		
G.	Pump and Motor bearings greased?	_	Yes	No	_N/A		
H.	Control and power wirings tight?	_	Yes	No	N/A		
I.	Emergency manual starting means operated without power?						
		_	Yes	No	N/A		
J.	Jockey Pump:	Cut-in	psi., (Cut-out	psi		

Part III - Comments (Any "No" answers, test failures or other problems found with the fire pump must be explained here.)

Part IV - Inspector's Information

Inspector:

Company:_____

Company's address:

I state that the information on this form is correct at the time and place of my inspection, and that all equipment at this time was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector:_____ Date:_____