

Electric Fire Pump Weekly Inspection and Operating Test

Date: _____

System: _____

Location: _____

Y = Satisfactory

N = Unsatisfactory (explain below)

N/A = Not applicable

Inspector: _____

To avoid false alarms, notify all alarm-receiving facilities before conducting any test or procedure that could result in the activation of an alarm.

WEEKLY INSPECTION	Y	N	N/A	Comments
Heat in pump room is 40°F (4.4°C) or higher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilating louvers in pump room are free to operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump suction, discharge, and bypass valves are fully open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No piping or hoses leak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump leaking one drop of water per second at seals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Horizontal pumps: Check drip pockets under packing glands for proper drainage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suction line pressure is within acceptable range while pump is off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System line pressure is within acceptable range while pump is off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suction reservoir is full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wet pit suction screens are unobstructed and in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controller pilot light (power on) is illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer switch normal power light is illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Isolating switch for standby (emergency) power is closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse-phase alarm light is off or normal-phase rotation light is on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil level in vertical motor sight glass is within acceptable range	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEKLY TEST (without flowing water)	Y	N	N/A	Comments
<i>Start pump automatically by drawing off water from the sensing line. Remain in the pump room throughout the running time.</i>				
Operate electric fire pump for 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

WEEKLY TEST (without flowing water)	Y	N	N/A	Comments
Record suction pressure from gauge in psi (bar) while pump is running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Record discharge pressure from gauge in psi (bar) while pump is running	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check packing gland tightness (should have slight discharge)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adjust gland nuts if necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check for unusual noise or vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check packing boxes, bearings, or pump casing for overheating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Record pump starting pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe time for motor to accelerate to full speed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For reduced-voltage or reduced-current starting, record time controller is on first step.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For pumps having automatic stop feature, record time pump runs after starting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check controller alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p><i>Record any notes that the inspector believes to be significant in the corresponding action's comments field.</i></p> <p><i>Report any abnormality observed during inspection or testing to the person responsible for correcting the abnormality.</i></p>				