



Fire Pumps

Fire Pumps Weekly Inspection

This form covers a 3-month period.

Year: _____ System: _____

Location: _____

Y = Satisfactory N = Unsatisfactory (explain below) N/A = Not applicable

Date: _____ Inspector: _____

	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"/>	
Intake air louvers in pump room appear operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pump suction, discharge, and bypass valves are 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"/>	
Suction line pressure is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System line pressure is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Suction reservoir is full	<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 power is closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reverse-phase alarm light is not illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Normal-phase rotation light is illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil level in vertical motor sight glass is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diesel fuel tank is at least ² / ₃ full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Controller selector switch is in "auto" position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Voltage readings for batteries (2) are normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Charging current readings are normal for batteries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pilot lights for batteries are on or battery failure pilot lights are "off"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All alarm pilot lights are "off"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Record engine running time from meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil level is normal in right-angle gear-drive pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crankcase oil level is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling water level is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrolyte level in batteries is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Battery terminals are free of corrosion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Water-jacket heater is operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
For steam-driven pumps, steam pressure is normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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	Y	N	N/A	Comments
Examine exhaust system for leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check lube oil heater for operation (diesel pumps)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drain condensate trap of cooling system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check for water in diesel fuel tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Business Representative _____ Phone _____

Signature _____ Date _____