

ROUTINE INSPECTION CHECKLIST

Date of Inspection: _____

Inspector: _____

Date of Last Inspection: _____

Property Information

Building Name: _____

Building Address: _____

Contact Person (Owner/Tenant): _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

General

Type of building:

- New Existing Renovation

Pump make: _____ Drive: Electric Diesel

Model No.: _____ Pump rating: _____ gpm @ _____ psi

Rated speed: _____ rpm

What is fire pump feeding:

- Automatic sprinkler system Standpipe system
 Fire hydrants Other _____

Yes No Area protected

Fire Pump Inspection

Installation

- Yes No Change in installation since last inspection
- Yes No Guards provided for the flexible couplings and flexible connecting shafts in good order
- Yes No Required rated building construction housing the fire pump intact
- Yes No Suitable means for maintaining 40°F being provided; 70°F if driver is diesel engine (*Portable units, plug-in units, and hardwired electric units without secured circuit breakers are not reliable*)
- Yes No Both normal lighting and emergency lighting maintained for pump room/house
- Yes No Pump room/house adequately ventilated
- Yes No All valves in the fire pump piping (except the test header valve) normally open
- Yes No Suction piping compound and the discharge pressure gauges appear operative
- Yes No Circulating relief valve functions properly
- Yes No For diesel engine driver, storage battery units maintained
- Yes No For diesel engine driver, battery charger units maintained
- Yes No For diesel driver cooled by heat exchanger, cooling water able to discharge through the waste cone, manual shutoff valves in the bypass line normally closed, and flushing-type strainer being maintained
- Yes No For diesel driven pumps, fuel level is appropriate

- Yes No All alarms functional
- Yes No Approved vendor serviced fire pump in the past 12 months
- Yes No Annual fire pump test conducted
Date of last certification _____
- Yes No Copy of annual inspection by approved vendor provided
- Yes No Pump performance meets or exceeds the demands of the systems supplied by pump

Approval

Inspector: _____ Date: _____

System inspection considered satisfactory Yes No

If no, reason(s):

Notes: