

Insert logo here

Fire Pumps

Fire Pump Quarterly/Semi-annual Inspection/Maintenance Form

Property Name: _____ Inspector: _____
 Property Address: _____ Contract No.: _____
 Phone Number: _____ Date: _____

Quarterly				
	Check	Change	Clean	Test
Diesel Engine System				
Strainer/filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubrication System				
Crankcase breather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling System				
Water strainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery System				
Terminals clean and tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System				
Wire chafing where subject to movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semi-annual				
	Check	Change	Clean	Test
Electrical System (Electrical Pump)				
Operate manual starting menus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling System (Diesel)				
Antifreeze protection level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System				
Flexible exhaust section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System (Diesel)				
Operation of safeties and alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxes, panels, and cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Overall System Status

Satisfactory Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____