

Fire Pumps Fire Pump Monthly Inspection/Maintenance Form

Insert logo here

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

Electrical System	Check	Change	Clean	Test
Exercise isolating switch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Circuit breakers and circuit breaker fuses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery System				
Remove corrosion, case clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specific gravity/state or charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charter/charge rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equalize charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Overall System Status

Satisfactory Unsatisfactory

Signature: _____ Date: _____

License/Certification No.: _____