

Fire Pumps

Fire Pump Monthly Inspection/Maintenance Form

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: