

**FORM FOR WEEKLY INSPECTIONS AND TESTS OF FIRE PUMPS  
FOR THE STATE OF ALABAMA HEALTH CARE FACILITIES**

Information on this form covers the minimum requirements of NFPA 25-1998 for centrifugal fire pumps. Use of this form does not relieve the owner of the responsibility to comply with other requirements of NFPA 25-1998 for the Inspection, Testing and Maintenance of Fire Pumps.

Owner: \_\_\_\_\_ Owner's Phone Number: \_\_\_\_\_

Owner's address: \_\_\_\_\_

Property being evaluated: \_\_\_\_\_

Property address: \_\_\_\_\_

Date of work: \_\_\_\_\_ All responses refer to the current (inspection and test) performed on this date.

**Note:** 1. All questions are to be answered **yes**, **no**, or **not applicable**. All "No" answers are to be in the comment portion of this form.  
2. Inspections are to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of Chapter 11 of NFPA 25 and fire watch procedures of ADPH/TSU are followed.

**Part I - Owner's Section**

- A. Is the fire pump in service?  Yes  No  N/A
- B. Has the fire pump remained in service since the last inspection?  
 Yes  No  N/A
- C. Was the system (of which the fire pump is a part) free from actuation of devices or alarms since the last inspection?  
 Yes  No  N/A

\_\_\_\_\_  
Owner or representative (print name)

\_\_\_\_\_  
Signature and date

**Part II - Inspector's Section**

**A. Inspections - All to be performed weekly.**

1. Pump house/room proper temperature at least 70 degrees for diesels without engine heaters or 40 degrees for others?  Yes  No  N/A
2. Ventilation louvers free to operate?  Yes  No  N/A
3. Suction, discharge and bypass valves open?  Yes  No  N/A
4. Piping free from leaks?  Yes  No  N/A
5. Suction and system pressure gauges normal?  Yes  No  N/A
6. Record suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressure while not running.
7. Suction reservoir, if provided, full?  Yes  No  N/A

**B. Electric Motor-Driven Pumps**

1. Pump started automatically?  Yes  No  N/A  
Record starting pressure. \_\_\_\_\_ psi.
2. Pump run for at least 10 minutes?  Yes  No  N/A  
Record suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressure while running.
3. Pump packing gland showing slight discharge? Have adjusted if necessary by spkr. contractor.  Yes  No  N/A
4. Free from unusual noises or vibration?  Yes  No  N/A
5. Packing boxes, bearings and pump casing free from overheating?  
 Yes  No  N/A
6. Record time for motor to accelerate to full speed. \_\_\_\_\_
7. For reduced voltage or reduced current starting, record time controller is on first step. \_\_\_\_\_
8. Circulation relief valve flowing water while pump churns?  Yes  No  N/A
9. Pressure relief valves operating with proper pressure downstream while pump is operational?  Yes  No  N/A
10. For automatic stop controllers, record time pump runs after starting. \_\_\_\_\_
11. All times and pressures in Part B acceptable?  Yes  No  N/A

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12. Electric Motor-Driven Pumps
- a. Controller indicating power on, transfer switch indicating normal situation, and isolation switch closed?  Yes  No  N/A
- b. Reverse phase alarm indicator off or normal phase rotation indicator on?  Yes  No  N/A
- c. Oil level in vertical motor sight normal?  Yes  No  N/A

**C. Diesel Engine Driven Pumps**

1. Fuel tank at least two thirds full?  Yes  No  N/A
2. Controller selector switch in Auto position?  Yes  No  N/A
3. Controller indicating power "on"?  Yes  No  N/A
4. Battery voltage and charger readings normal?  Yes  No  N/A
5. Battery indicators on or failure indicators off?  Yes  No  N/A
6. All alarm indicators off?  Yes  No  N/A
7. Record engine running time meter reading. \_\_\_\_\_  
Is this appropriately higher than previous reading?  Yes  No  N/A
8. Oil level in right angle gear drive normal?  Yes  No  N/A
9. Crankcase oil level normal?  Yes  No  N/A
10. Cooling water level normal?  Yes  No  N/A
11. Electrolyte level in batteries normal?  Yes  No  N/A
12. Battery terminals free from corrosion?  Yes  No  N/A
13. Water-jacket heater operating?  Yes  No  N/A
14. Pump started automatically?  Yes  No  N/A  
Record starting pressure. \_\_\_\_\_ psi.
15. Pump run for at least 30 minutes?  Yes  No  N/A  
Record suction \_\_\_\_\_ and discharge \_\_\_\_\_ pressure while running.
16. Pump packing gland showing slight discharge?  Yes  No  N/A
17. Free from unusual noises or vibrations?  Yes  No  N/A
18. Packing boxes, bearings and pump casing free from overheating?  Yes  No  N/A
19. Record time for engine to crank. \_\_\_\_\_
20. Record time for engine to reach running speed. \_\_\_\_\_
21. Engine oil pressure gauge, speed indicator, water and oil temperature indicators all reading normal?  Yes  No  N/A
22. Cooling water flowing from heat exchanger?  Yes  No  N/A
23. Pressure relief valves operating with proper pressure downstream while pump is operational?  Yes  No  N/A
24. All times and pressures in Part C acceptable?  Yes  No  N/A

**Part III - Comments** (Any "No" answers, test failures or other problems found with the fire pump must be explained here.)

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**Part IV - Inspector's Information**

Inspector: \_\_\_\_\_

Facility: \_\_\_\_\_

Facility address: \_\_\_\_\_

I state that the information on this form is correct at the time and place of my inspection, and that all equipment was left in operational condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: \_\_\_\_\_ Date: \_\_\_\_\_ State Permit # \_\_\_\_\_