



SOUTH KING FIRE & RESCUE

Fire Pump Test Report

(One Pump per Report)

Date: _____

PLEASE PRINT

PROPERTY NAME (OCCUPANCY)

Name: _____

Address: _____

Telephone: _____

Responsible Person: _____

Title: _____

Signature: _____

TESTING AGENCY

Name: _____

Address: _____

Telephone: _____

Technician: _____

Signature: _____

Electric Pump				YES	NO
Starting Amperage	Leg 1 _____	Leg 2 _____	Leg 3 _____		
Running Amperage	Leg 1 _____	Leg 2 _____	Leg 3 _____		
Was electric pump run for a minimum of 10 Minutes?					

Diesel Pump		YES	NO
Diesel fuel tank at least 2/3 full?			
Batteries fully charged?			
Oil level full?			
Coolant level full?			
Antifreeze protection adequate?			
Fuel filter serviced?			
Was diesel pump run for a minimum 30 minutes?			

Pump Controller/s		N/A	NO	YES
Fire pump controller in service?				
Controller voltage _____ Interrupting capacity _____ amps:				
Jockey pump controller in service?				

Transfer Switch		YES	NO	N/A
Power failure simulated during peak flow for automatic transfer switch activation?				
Connection made to alternate source?				
Emergency manual starting means operated without power?				



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Pump Test	YES	NO
Pump in service on inspection?		
Pump starts from pressure drop?		
Cut-in Pressure _____psi Cut-out Pressure _____psi		
Was 300 gpm flow conducted?		
Pressure gauges replaced or calibrated every 5 years?		
Static pressure _____psi		
Discharge _____psi Suction _____psi		
Hose size: _____in. Tip size: _____in. Hose length _____ft.		
Pitot reading: _____psi GPM: _____		
Churn suction _____psi Churn discharge _____psi		
Has pump been tested weekly?		
Jockey pump tested?		
Shaft seals dripping water properly (1 drop per second)?		
Pressure relief valve checked for proper operation?		
Fire pump connected to fire alarm panel?		
Suction screens inspected and cleared?		
Routine maintenance is performed and records kept?		

Problems Found: _____

Corrections Made: _____

Date Corrected: _____ By: _____

THIS FORM SHOULD BE FILLED OUT IN DUPLICATE. ONE COPY SHALL BE LEFT AT THE OCCUPANCY. THE SECOND COPY SHALL BE FORWARDED TO:

**South King Fire & Rescue
 Fire Prevention Division
 31617 1st Ave S
 Federal Way, WA 98003
 Fax 253-529-7206**