Diesel Fire Pump		Regulations - Title 19 ng, and Maintenance	Weekly Report	1 of 4		
Property Information	OF OF	CALLEGA	Contractor or Licensed Owner Information			
Building Name		Name Name				
Address	Mill of	Address				
	FIRI	City	St.	Zip		
City	License #	Phone				
Contact Person	☐ SFM	Job #				
Phone	□ CSLB	Misc				

Pump # Pump and Driver Information					
Max Suction Pressure	psi	Driver Mfr.			
Max psi (shutoff)	psi	Driver Model			
Rated Capacity	gpm	Driver Rated RPM			
Rated Pressure	psi	Fuel Tank Capacity	gal.		
150% Rated Capacity	gpm				
Rated Pressure @ Rated Capacity	psi				
	Max Suction Pressure Max psi (shutoff) Rated Capacity Rated Pressure 150% Rated Capacity	Max Suction Pressure psi Max psi (shutoff) psi Rated Capacity gpm Rated Pressure psi 150% Rated Capacity gpm	Max Suction Pressure psi Driver Mfr. Max psi (shutoff) psi Driver Model Rated Capacity gpm Driver Rated RPM Rated Pressure psi Fuel Tank Capacity 150% Rated Capacity gpm		

Where the pump and driver manufacturer's recommendations are not available, use the items in this form, which reference NFPA 25, Table 8.5.3. If the manufacturer's recommendations are available, then those recommendations are to be used.

		I = Inspection T = Test M = Maint	enance		P = Pas	s F = Fail	$N/A = Not A_{i}$	pplicable
		Year Month	Week	1	2	3	4	5
Item		Description	NFPA 25 CA ed Reference	Date	Date	Date	Date	Date
		Fire Pump Start/Stop Pressures	Kelefelice					
1.1	Т	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.2	Т	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi
1.3	Т	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi
1.4	Т	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g	psi	psi	psi	psi	psi
		Pump House						
1.5	ı	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)					
		Fire Pump System						
1.6	1	Control Valves - Identification Sign	13.3.1					
1.7	1	Control Valves - Inspection	13.3.2					
1.8	ı	Pump Suction, Discharge & Bypass Valves Open	8.2.2(2)(a)					
1.9	ı	Normally closed valves are closed (Test Header/Venturi Meter)	8.2.2(2)(g) 13.3.2.2					
1.10	ı	Valve Supervisory Devices	5.2.5					
1.11	М	Control Valve Maintenance	13.3.4					
1.12	ı	Piping is Free of Leaks	8.2.2(2)(b)					
1.13	1	Suction Reservoir is Full	8.2.2(2)(e)					
1.14		Suction Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(c)					
	ı	Suction Pressure Reading	8.2.2(2))c)	psi	psi	psi	psi	psi

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Weekly Report

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Property Information

Building Name
Address
City



Contractor or Licensed Owner Information

Name			
Job#			

			Week	1	2	3	4	5
lé a ma		Description	NFPA 25 CA	Date	Date	Date	Date	Date
Item		Description	ed. Reference					
1.15	I	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)					
	I	System Pressure Reading	8.2.2(2)(d)	psi	psi	psi	psi	psi
1.16	ı	Wet Pit Suction Screens Unobstructed and in Place	8.2.2(2)(f)					
1.17	I	Verify Pump Packing Glands for Slight Discharge (pump not running)	8.2.2(2)(h)					
1.18	ı	Suction Pressure Gauge Reading (pump running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi
1.19	ı	Discharge Pressure Gauge Reading (pump running)	8.3.2.8(1)(a)	psi	psi	psi	psi	psi
1.20	I	Check Pump Packing Glands for Slight Discharge (pump running)	8.3.2.8(1)(b)					
1.21	I	Adjust Gland Nuts if Necessary	8.3.2.8(1)(c)					
1.22	I	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)					
1.23	I	Check Packing Boxes, Bearings, or Pump Casing for Overheating	8.3.2.8(1)(e)					
1.24	ı	Circulation Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(a)					
1.25	I	Pressure Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(b)					
1.26	ı	Pressure Relief Valve Operating Properly (Flowing)	8.3.3.3.1 8.3.3.3.2 13.5.7.2					
1.27	-	Observe Time for Engine to Crank	8.3.2.8(d)(a)	sec	sec	sec	sec	sec
1.28	I	Observe Time for Engine to Reach Running Speed	8.3.2.8(3)(b)	sec	sec	sec	sec	sec
1.29	ı	Record Time Controller is on First Step (Reduced Voltage or Reduced Current Starting)	8.3.2.8(3)(b)	sec	sec	sec	sec	sec
1.30	I	Record Time Pump Runs After Starting (Automatic Stop Controllers)	8.3.2.8(2)(c)	min	min	min	min	min
1.31	-1	Observe & Record the Following While Engine Runn	ing					
		Engine Oil Pressure Gauge	8.3.2.8(3)(c)	psi	psi	psi	psi	psi
		Speed Indicator Reading	8.3.2.8(3)(c)	rpm	rpm	rpm	rpm	rpm
		Water Temperature	8.3.2.8(3)(c)	°F	°F	°F	°F	°F
		Oil Temperature	8.3.2.8(3)(c)	°F	°F	°F	°F	°F
1.32	Т	Pump Operation (No Flow condition - 30 min.)	8.3.2.4					
1.33`	I	Record Any Abnormalities (Use Comments and Deficiencies)	8.3.2.8(3)(d)					
		Electrical System Conditions						
1.34	I	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)					
1.35	I	Transfer Switch Pilot Light is Illuminated	8.2.2(3)(b)					

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Weekly	
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Property Information

Building Name
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City



Contractor or Licensed Owner Information

Name			
Job#			

			Week	1	2	3	4	5
Item		Description	NFPA 25 CA ed.	Date	Date	Date	Date	Date
itom		·	Reference					
1.36	-1	Isolating Switch is Closed - Standby (Emergency) Source	8.2.2(3)(c)					
1.37	ı	Electrical System: General Inspection	Table 8.1.2					
1.38	ı	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)					
1.39	ı	Oil Level in Vertical Motor Sight Glass is Within Acceptable Range	8.2.2(3)(e)					
1.40	1	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)					
1.41	1	Controller Selector Switch is in "Auto" Position	8.2.2(4)(b)					
1.42	ı	Batteries (2) Voltage Readings are Within Acceptable Range	8.2.2(4)(c)					
1.43	ı	Batteries (2) Charging Current Readings are Within Acceptable Range	8.2.2(4)(d)					
1.44	1	Batteries (2) Pilot Lights are On or Battery Failure (2) Lights are Off	8.2.2(4)(e)					
1.45	ı	All Alarm Pilot Lights are Off	8.2.2(4)(f)					
1.46	ı	Electrolyte Level in Batteries is Within Acceptable Range	8.2.2(4)(k) Table 8.1.2					
1.47	1	Battery Terminals are Free from Corrosion	8.2.2(4)(I)					
1.48	ı	Cranking Voltage 9V on 12V System 18V on 24V System	Table 8.1.2					
		Diesel Engine System						
1.49	ı	Engine Running Time Meter is Reading	8.2.2(4)(g)					
1.50	I	Oil Level in Right Angle Gear Drive is within Acceptable Range	8.2.2(4)(h)					
1.51	1	Cooling Water Level is within Acceptable Range	8.2.2(4)(j)					
1.52	1	Water Jacket Heater is Operating	8.2.2(4)(m)					
1.53	ı	Fuel: Tank Level (two-thirds full)	Table 8.1.2 8.2.2(4)(a)					
1.54	ı	Fuel: Tank Float Switch	Table 8.1.2					
1.55	ı	Fuel: Solenoid Valve Operation	Table 8.1.2					
1.56	ı	Fuel: Flexible Hoses and Connectors	Table 8.1.2					
1.57	ı	Lubrication System: Oil level is within Acceptable Range	Table 8.1.2 8.2.2(4)(i)					
1.58	ı	Cooling System: Level	Table 8.1.2					
1.59	ı	Cooling System: Adequate Cooling Water to Heat Exchanger	Table 8.1.2 8.3.2.8(3)(e)					
1.60	T	Cooling System: Water Pumps	Table 8.1.2					

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City	



Contractor or Licensed Owner Information

Name		
Job#		

			Week	1	2	3	4	5
Item		Description	NFPA 25 CA ed. Reference	Date	Date	Date	Date	Date
1.61	I	Cooling System: Condition of Flexible Hoses and Connections	Table 8.1.2					
1.62	1	Cooling System: Jacket Water Heater	Table 8.1.2					
1.63	1	Exhaust System: Leakage	Table 8.1.2					
1.64	М	Control Maintenance	13.3.4					
1.65	М	Fuel: Water in System	Table 8.1.2					
1.66	М	Exhaust System: Drain Condensate Trap	Table 8.1.2					
1.67	М	Lubrication System: Lube Oil Heater	Table 8.1.2					
		General Maintenance						
1.68	М	System Returned to Service	4.5.3 15.7					

D = Deficiency C = Comment (Indicate type)						
Item					Deficiencies and Comments Indicate all equipment, devices and parts that were repaired or replaced	
☐ Check here if additional Deficiencies and Comments are listed on Form AES9 ☐ See Correction Form AES 10 for corrected deficiencies.					No. 1 de la constante de la co	
I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by						

I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.

Week	1	2	3	4	5
Date					
Print Name					
Signature					