Electric Fire Pump	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	Monthly Report	1 of 3

Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Address
		City St. Zip
City	License #	Phone
Contact Person	☐ SFM	Job #
Phone	☐ CSLB	Misc.

Pump #		Pump and Driver Information			
Pump Manufacturer		Max Suction Pressure	psi	Driver Mfr.	
Pump Model		Max psi (shutoff)	psi	Driver Model	
Pump Serial #		Rated Capacity	gpm	Driver Rated RPM	
Rated RPM		Rated Pressure	psi	Full Load Amp (FLA)	Amp
Controller Mfr.		150% Rated Capacity	gpm	Rated Voltage	Volts
Controller Model		Rated Pressure @ Rated Capacity	psi	Service Factor (SF)	
Controller S/N					

Where the pump and driver manufacturer's recommendations are not available, use the items in this form, which reference NFPA 25, Table 8.1.2 and Table 8.1.1.2. If the manufacturer's recommendations are available, then those recommendations are to be used.

I = Inspection **T** = Test **M** = Maintenance *P = Pass F = Fail N/A = Not Applicable*

		Year	Month	1	2	3	4	5	6
Item		Description	NFPA 25 CA ed Reference	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day
Fire Pump Start/Stop Pressures									
1.1	T	Fire Pump Start Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi
1.2	T	Fire Pump Stop Pressure	8.3.2.8(1)(f)	psi	psi	psi	psi	psi	psi
1.3	T	Pressure Maintenance Pump Start Pressure	8.3.2.8(1)(g)	psi	psi	psi	psi	psi	psi
1.4	T	Pressure Maintenance Pump Stop Pressure	8.3.2.8(1)(g	psi	psi	psi	psi	psi	psi
Pump House									
1.5	I	Pump House Heating and Ventilating Louvers	8.2.2(1)(a) 8.2.2(1)(b)						
Fire Pump System									
1.6	I	Control Valves - Identification Sign	13.3.1						
1.7	I	Control Valves - Inspection	13.3.2						
1.8	I	Pump Suction, Discharge & Bypass Valves Open	8.2.2(2)(a)						
1.9	I	Normally Closed Valves are Closed *(Test Header/Venturi Meter)*	8.2.2(2)(g) 13.3.2.2						
1.10	I	Valve Supervisory Devices	5.2.5						
1.11	I	Piping is Free of Leaks	8.2.2(2)(b)						
1.12	I	Suction Reservoir is Full	8.2.2(2)(e)						
1.13	I	Suction Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(c)						
	I	Suction Pressure Reading		psi	psi	psi	psi	psi	psi

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Building Name		Name
Address		Job #
City		

Item		Description	Year / Month / NFPA 25 CA ed. Reference	1 Month/Day	2 Month/Day	3 Month/Day	4 Month/Day	5 Month/Day	6 Month/Day
1.14	I	System Line Pressure Gauge Reading within Acceptable Range	8.2.2(2)(d)						
	I	System Pressure Reading		psi	psi	psi	psi	psi	psi
1.15	I	Wet Pit Suction Screens Unobstructed and in Place	8.2.2(2)(f)						
1.16	I	Verify Pump Packing Glands for Slight Discharge (pump not running)	8.2.2(2)(h)						
1.17	I	Pump Operation (No Flow - 10 min.)	8.3.2.3						
1.18	I	Observe Time for Motor to Accelerate to Full Speed	8.3.2.8(2)(a)						
1.19	I	Check Pump Packing Glands for Slight Discharge (pump running)	8.3.2.8(1)(b)						
1.20	I	Suction Pressure Gauge Reading (pump running)	8.3.2.8(1)(a)						
1.21	I	Discharge Pressure Gauge Reading (pump running)	8.3.2.8(1)(a)						
1.22	I	Pressure Readings Acceptable							
1.23	I	Adjust Gland Nuts if Necessary	8.3.2.8(1)(c)						
1.24	I	Check for Unusual Noise or Vibration	8.3.2.8(1)(d)						
1.25	I	Check Packing Boxes, Bearings, or Pump Casing for Overheating	8.3.2.8(1)(e)						
1.26	I	Circulation Relief Valve Operating Properly (No Flow)	8.3.3.2(1)(a) 13.5.7.1.1						
1.27	I	Record Time Controller is on First Step (reduced voltage or reduced current starting)	8.3.2.8(3)(b)	sec	sec	sec	sec	sec	sec
1.28	I	Record Time Pump Runs After Starting (automatic stop controllers)	8.3.2.8(2)(c)	min	min	min	min	min	min
		Electrical System Conditions							
1.29	I	Controller "Power On" Power Light is Illuminated	8.2.2(3)(a)						
1.30	I	Engine Generator Sets (monthly)	NFPA 110						
1.31	I	Transfer Switch Pilot Light is Illuminated	8.2.2(3)(b)						
1.32	I	Isolating Switch is Closed - standby (emergency) source	8.2.2(3)(c)						
1.33	I	Reverse Phase Alarm Pilot Light is Off, or, Normal Phase Rotation Pilot Light is On	8.2.2(3)(d)						
1.34	I	Oil Level in Vertical Motor Sight Glass is within Acceptable Range	8.2.2(3)(e)						
1.35	I	Exercise Isolating Switch Circuit Breaker	Table 8.1.2						
1.36	T	Power to Pressure Maintenance (Jockey) Pump is Provided	8.2.2(3)(f)						
		General Maintenance							
1.37	M	System Returned to Service	4.5.3 15.7						

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Property Information		Contractor or Licensed Owner Information
Building Name		Name
Address		Job #
City		

D = Deficiency C = Comment (*Indicate type*)

Item	*Date*	*Riser*	*D*	*C*	*Deficiencies and Comments* *Indicate all equipment, devices and parts that were repaired or replaced*
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☐ Check here if additional Deficiencies and Comments are listed on Form AES9 Number attached:

☐ See Correction Form AES 10 for corrected deficiencies. Number attached:

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.

Month	*1*	*2*	*3*	*4*	*5*	*6*
Date						
Print Name						
Signature						