Logo	Fire Pump Monthly Inspection Checklist QHSE Forms Organization Name	**Doc Ref #**: XYZ/IMS/QHSE/F/00 **Issue Date**: DD-MM-YYYY **Rev #**: 00

Inspection Date: _____ **Inspection Form #**: _____

Fire Pump ID		**Location**	
Manufacturer		**Installed At**	
Inspected By		**Designation**	

S/#	Description	Yes	No	Remarks
Pump House				
1	Heat in the pump room is 4°C or above?			
2	Ventilation louvers are operating independently?			
3	Water spillage is not available on the pump house floor?			
4	Coupling guard is in place?			
5	Room temp is above 21°C for diesel engine without engine heater?			
Pump System				
1	Pump suction, discharge, and bypass valves are open & operating?			
2	No leakage is observed in pump and pipes?			
3	Suction & system lines pressure are within the accepted range?			
4	Suction reservoir is full, as per requirements?			
5	Water flow test valve, hose connection valves are closed?			
Electrical Systems				
1	Pilot Light (Power On) light is illuminated?			
2	Transfer switch light is illuminated?			
3	Isolating switch for standby power is functional?			
4	All wiring and plugs are in good condition?			
5	Emergency shut down button is functional and in good condition?			
6	Pressure maintenance pump/Jockey Pump is powered & working?			
Diesel Engine System				
1	Diesel tank is two-third full?			
2	Controller selector switch is in auto position?			
3	Battery voltage & charging current readings are within range?			
4	Battery working light is on, battery failure light is off?			

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Prepared By	Approved By