



Fire Pump Quarterly/Semi-annual Inspection/Maintenance Form

Property Name: _____ Inspector: _____

Property Address: _____ Contract No.: _____

Phone Number: _____ Date: _____

Quarterly

Diesel Engine System	Check	Change	Clean	Test
Strainer/filter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lubrication System				
Crankcase breather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling System				
Water strainer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery System				
Terminals clean and tight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System				
Wire chafing where subject to movement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Semi-annual

Electrical System (Electrical Pump)	Check	Change	Clean	Test
Operate manual starting menus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooling System (Diesel)				
Antifreeze protection level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System				
Flexible exhaust section	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical System (Diesel)				
Operation of safeties and alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boxes, panels, and cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Notes:

Company _____ DFS-P# _____

Technician Name _____ Phone _____ Fax _____

Signature _____ Date _____

Business Representative _____ Phone _____

Signature _____ Date _____