



City of Black Hawk
Fire Department
196 Clear Creek Street | PO Box 68
Black Hawk, CO 80422-068
Office 303-582-0426 | Fax 303-582-2229
www.cityofblackhawk.org

System Test Report

FIRE PUMP

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Fire Alarm Inventory	
System Make:	
System Model:	
Control Panel Location:	
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

FIRE PUMP SYSTEM

Date Tested:

The items in the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system(s). Refer to the current Fire Code, referenced NFPA 20 and 25 Standards, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

Pre-Test Checks

A Temporary Fire Watch Permit (TFWP) is **required** when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. Avoid unnecessary alarms by putting the Fire Alarm System in test mode. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

1. If system is taken offline, Temporary Fire Watch Permit (TFWP) has been submitted and approved.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5. Routine maintenance is being performed (including weekly pump tests w/0 flow) and records are being kept in accordance with NFPA 20 and NFPA 25	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. The suction screens were inspected and cleared.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Electric Pump

8. Electric Pump Wiring Phase	<input type="checkbox"/> Single	<input type="checkbox"/> Double	<input type="checkbox"/> Triple
0 gpm (churn)	Amperage _____	Voltage _____	
100% gpm	Amperage _____	Voltage _____	
150% gpm	Amperage _____	Voltage _____	
9. The electric pump ran properly for a minimum 10 minutes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Diesel Pump

10. Oil level is OK.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
11. Coolant level is full.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. The hydrometer reading indicates that the antifreeze protection is adequate.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
13. The fuel filter/strainer was serviced.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. The diesel engine/pump operated properly for a minimum 30 minutes.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Pump Controller(s)	
15. The fire pump controller is listed and operates according to NFPA 20 standards.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. The controller regulates the jockey pump as required by NFPA 20.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. The controller regulates the fire pump as required by NFPA 20.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Pump Test	
18. When the Pump starts from pressure drop the start pressure is 5 psi below the start point of the jockey pump.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. The pump runs smoothly without unusual noise or vibration. <i>(For standards regarding pump vibration see Hydraulics Institute Standards for Centrifugal, Rotary and Reciprocating Pumps – Ref. NFPA 20)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. If due, the gauges passed a 5-year pressure gauge comparison test with a calibrated gauge and were recalibrated or replaced if necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. The pump performs at its rated capacity (RC) and at 150% of its RC (or the capacity that the supply will accommodate above the RC if it is less than 150%).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Actual Test RPM	Churn _____ 100%RC _____ 150%RC _____
Pitot or Flowmeter Reading (gpm)	Test Capacity 100% _____ Test Peak Flow (150%) _____
PSI Reading on Discharge Gauge	Pre-test _____ Churn _____ 100%RC _____ 150%RC _____
PSI Reading on Suction Gauge	Pre-test _____ Churn _____ 100%RC _____ 150%RC _____
22. Hose Size	Hose Size _____ in. Tip Size _____ in. Hose length _____ ft.
23. The shaft seals are dripping water properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. The system pressure relief valve operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. The Casing relief valve operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. The fire alarm panel monitors the fire pump.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Transfer Switch	
27. A simulated power failure during peak flow automatically activated the transfer switch within 10 seconds.	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. After the automatic connection was made to an alternate power source peak flow was redelivered within 30 seconds.	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. The manual emergency transfer equipment operated properly during peak flow and peak flow was redelivered within 30 seconds.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Final Checks	
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
30. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. Temporary Fire Watch Permit Log Sheet submitted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I am authorized to submit this report for the certified technician who has accepted this statement.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature: