

SUGGESTED CHECKLIST FOR FIRE PROTECTION EQUIPMENT

OVERVIEW FORMS PACKET
(See PRC.1.12.0 in the OVERVIEW Manual)
Published as part of AXA XL Risk Consulting

FIRE PROTECTION EQUIPMENT INSPECTION REPORT

Facility: _____ Conducted By: _____

Location: _____ Date: _____

The Following Items Should Be Checked At Least Weekly.
Any "No" response should be explained.

WATER SUPPLY, SECTIONAL, AND SPRINKLER SYSTEM CONTROL VALVES

Valve ID	Open	Shut	Sealed	Valve ID	Open	Shut	Sealed	Valve ID	Open	Shut	Sealed	Valve ID	Open	Shut	Sealed

PUBLIC WATER

Public water supply in service? Yes No _____ Pressure: _____ psi

Fire department connection accessible, caps in place, couplings free to rotate? Yes No _____

FIRE PUMPS

Pump ID	Type	Set For Auto.?		Operated Today?		Checklist Completed?		Comments
		Yes	No	Yes	No	Yes	No	

WATER SUPPLY TANKS

Tank ID	Tank Full?		Heater Working?		Water Temp.	Comments
	Yes	No	Yes	No		

AUTOMOTIVE FIRE APPARATUS

Each fully in service? Yes No _____

Checklist completed? Yes No _____

SPECIAL EXTINGUISHING SYSTEMS

System ID	Type	In Service?		Date Last Serviced	Date Last Tested	Comments
		Yes	No			

The Following Items Should Be Inspected At Least Monthly.
Any "No" response should be explained.

WET PIPE, DRY PIPE, DELUGE, AND PRE-ACTION SPRINKLER SYSTEMS

System ID	Alarm Tested?		Water Pressure			Heat Adequate?		Air/ Supv. Press.	Comments
	Yes	No	Static	Flow	Differential	Yes	No		

FIRE EXTINGUISHERS, INSIDE HOSE CONNECTIONS, AND STANDPIPES

Each unit in service? Yes No _____
 Checklist completed? Yes No _____

HYDRANTS, HOSE HOUSES, AND MONITOR NOZZLES

Monitor Nozzle/ Hydrant ID	Accessible?		Drained?		Equipment				Comments
	Yes	No	Yes	No	Adequate?		Cond. OK?		
					Yes	No	Yes	No	

FIRE DOORS

Fire doors and shutters in good condition? Yes No _____
 Automatic closing devices operable? Yes No _____

SMOKE AND HEAT, AND EXPLOSION-RELIEF VENTS

Vents operable? Yes No _____
 Areas around vents unobstructed? Yes No _____

PROTECTIVE SIGNALING SYSTEMS

All systems been tested satisfactorily? Yes No _____

OTHER PROTECTION DEFICIENCIES FOUND DURING THE COURSE OF EACH INSPECTION SHOULD BE REPORTED BELOW:

	Yes	No	If "Yes," note location.
Stock within 36 in. of sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler heads or piping bent?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler heads painted?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler heads or piping corroded?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler heads loaded with debris?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Items hanging from, or supported by sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinkler heads obstructed by partitions?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Signs of internal sprinkler piping obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fire doors blocked by materials?	<input type="checkbox"/>	<input type="checkbox"/>	_____

ADDITIONAL COMMENTS AND RECOMMENDATIONS

Report reviewed by: _____ Position: _____
(signed)

Has prompt action been initiated? Yes No _____

FILE FOR REVIEW BY AXA XL RISK CONSULTING REPRESENTATIVE

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SUGGESTED CHECKLIST FOR FIRE PUMP INSTALLATIONS

Facility: _____ Conducted By: _____
 Location: _____ Date: _____
 Pump Identification: _____ Type of Driver: _____
 Make of Pump: _____ Location of Pump: _____
 Rated Flow: _____ Rated Pressure: _____ Rated Speed: _____

When checking each fire pump, the following should be determined. A "No" answer indicates a deficiency which should be corrected.

1. For All Pump Installations	YES	NO
a. Is fire pump suction valve(s) open and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is suction tank full and adequately heated?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the pond, lake, reservoir, or other suction supply at a normal level?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is suction crib clean and free of debris, ice, or other obstruction?	<input type="checkbox"/>	<input type="checkbox"/>
e. If a fire department connection is provided, is it accessible, and are the caps in place and the couplings free to rotate?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is fire pump discharge valve open and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
g. If a booster pump, are all valves on the by-pass open and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
h. Is jockey pump suction valve open and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is jockey pump discharge valve open and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is jockey pump controller switch "on"?	<input type="checkbox"/>	<input type="checkbox"/>
k. Is jockey pump running normally, not excessively?	<input type="checkbox"/>	<input type="checkbox"/>
l. Is controller in "automatic" position?	<input type="checkbox"/>	<input type="checkbox"/>
m. Did pump start automatically upon drop in pressure?	<input type="checkbox"/>	<input type="checkbox"/>
n. Was pump starting pressure proper?	<input type="checkbox"/>	<input type="checkbox"/>
o. Is "shut-off pressure" normal?	<input type="checkbox"/>	<input type="checkbox"/>
p. If pump takes suction under lift, did the priming system(s) function properly?	<input type="checkbox"/>	<input type="checkbox"/>
q. Is circulation relief valve operating at shut-off pressure?	<input type="checkbox"/>	<input type="checkbox"/>
r. Are pump bearings and seals running at the proper operating temperature?	<input type="checkbox"/>	<input type="checkbox"/>
s. Did local and remote pump alarms and supervisory signals operate properly?	<input type="checkbox"/>	<input type="checkbox"/>
t. Is valve to hose header shut, and is header drained?	<input type="checkbox"/>	<input type="checkbox"/>
u. Is pump room clean and free of excess combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
v. Is there a Class BC fire extinguisher in this pump room?	<input type="checkbox"/>	<input type="checkbox"/>
w. Is pump room adequately heated?	<input type="checkbox"/>	<input type="checkbox"/>
2. For Internal Combustion Engine-Driven Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>
a. Is weekly program timer operating properly?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did the pump room combustion air damper open?	<input type="checkbox"/>	<input type="checkbox"/>

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(over)
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	YES	NO
c. Did the cooling water waste properly?	<input type="checkbox"/>	<input type="checkbox"/>
d. Did the pump start on each set of batteries?	<input type="checkbox"/>	<input type="checkbox"/>
e. Is lubricating oil level correct?	<input type="checkbox"/>	<input type="checkbox"/>
f. Is engine coolant level correct?	<input type="checkbox"/>	<input type="checkbox"/>
g. Is liquid at proper level in all batteries?	<input type="checkbox"/>	<input type="checkbox"/>
h. Are battery hydrometer readings within acceptable limits?	<input type="checkbox"/>	<input type="checkbox"/>
i. Is each battery pilot light on?	<input type="checkbox"/>	<input type="checkbox"/>
j. Is battery charger functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
k. Is fuel tank full?	<input type="checkbox"/>	<input type="checkbox"/>
l. Is fuel line valve open and sealed?	<input type="checkbox"/>	<input type="checkbox"/>
m. Did low oil pressure alarm test satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>
n. Did high engine temperature alarm test satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>
o. Did interruption of AC power to the controller cause engine to start or initiate a remote supervisory signal?	<input type="checkbox"/>	<input type="checkbox"/>
p. Did the overspeed-shut-down-device-position switch work properly?	<input type="checkbox"/>	<input type="checkbox"/>
q. Is interruption-of-battery-power alarm working properly?	<input type="checkbox"/>	<input type="checkbox"/>
r. Is controller locked, and are keys accessible to authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>
s. Was engine run for 30 minutes?	<input type="checkbox"/>	<input type="checkbox"/>
t. Did engine achieve and maintain proper operating temperature?	<input type="checkbox"/>	<input type="checkbox"/>
3. For Electric Motor-Driven Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>
a. Was pump run for 10 minutes?	<input type="checkbox"/>	<input type="checkbox"/>
b. Did motor achieve and maintain proper operating temperature?	<input type="checkbox"/>	<input type="checkbox"/>
c. Is the circuit breaker in the closed position?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is the "power available" light on?	<input type="checkbox"/>	<input type="checkbox"/>
4. For Steam-Driven Fire Pump	<input type="checkbox"/>	<input type="checkbox"/>
a. Is proper supply of lubricants on hand and is lubrication system operable?	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the steam chest or casing at operating temperature?	<input type="checkbox"/>	<input type="checkbox"/>
c. Are steam traps operating, or was condensate manually drained?	<input type="checkbox"/>	<input type="checkbox"/>
d. Is sufficient steam pressure maintained at all times?	<input type="checkbox"/>	<input type="checkbox"/>
e. Was a "slip test" made?	<input type="checkbox"/>	<input type="checkbox"/>
f. Was the pump run for 5 minutes?	<input type="checkbox"/>	<input type="checkbox"/>
g. While operating at rated speed, was the vibration within acceptable limits?	<input type="checkbox"/>	<input type="checkbox"/>
Deficiencies or other comments: _____		

