

PROJECT NAME & LOGO

CHECK LIST FOR:					Ref. No: Rev. No: 00 Page : 1 of 2
<u>TESTING & COMMISSIONING OF FIRE PUMPS SET</u>					
SUBCONTRACTOR <input checked="" type="checkbox"/>		CONTRACTOR <input type="checkbox"/>			
SECTION OF WORK: PLUMBING		LOCATION:			
LEVEL:		WIR No.:			
STAGE	ITEM	Checked by		Checked by	Date
		S/C	CONT	Consultant	
Visual inspection	Check that the fire pumps & its components were erected properly as per approved shop drawings & manufacturer's instructions or as per site condition agreed with the Consultant.				
	Ensure that all components & parts are cleaned & protected with no visible signs of damage.				
	Check all supports, fixings & guide rails are tight, plumb & correctly finished & spaced.				
	Check the sump pumps capacity was as per the approved material.				
	Check all valves & gate valves installed in the discharge manifold as per approved detail.				
	Ensure lifting hook is properly installed.				
Testing & commissioning	1. Ensure power supply is available in the fire pumps & control panels.				
	2. Ensure all electrical cables & electrical components installation has been approved by the consultant.				
	3. Ensure supply voltage for the fire pumps are as per the requirement, prior to starting the pumps.				
	4. Select the selector switch in the controller & ensure pumps are rotating in correct direction.				
	5. Take the pumps current & voltage using multi meter. Ampere : Voltage : (Electric Pump) Ampere : Voltage : (Diesel Pump) Ampere : Voltage : (Jockey Pump)				
	6. Check operation of Float Switches shall be in accordance to sequence of operation.				
	7. Check BMS Signals are simulated & change in status of the output signals. Use continuity tester.				
	8. Check auto-changeover to equalize the run time.				
	9. Check the performance of the pumps by measuring the liquid quantity pumped from the container over a given period of time.				
	10. Record all test results on the Pumps Data Sheet (Page 1 of 2). Results shall be approved by the consultant.				

For S/C QA/QC:	Date:	FOR CONTRACTOR QA/QC:	Date:	For Cons. Rep.:	Date:
Name:	Sign:	Name:	Sign:	Name:	Sign:

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