

Facility: _____

M	S Fire PUMP
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FIRE PUMP Monthly INSPECTION & TESTING (Health Care & Ambul)

Page _____

Use this form for up to 4 pumps. Use additional sheets if there are more.

		1	2	3	4		
	Fire Pump ID						
	Bldg Location					Date	Inspector
January	Exercise ATS						
	Exercise Pump Breaker						
	Operate Manual Start Switch (SA)						
February	Exercise ATS						
	Exercise Pump Breaker						
March	Exercise ATS						
	Exercise Pump Breaker						
April	Exercise ATS						
	Exercise Pump Breaker						
May	Exercise ATS						
	Exercise Pump Breaker						
June	Exercise ATS						
	Exercise Pump Breaker						
July	Exercise ATS						
	Exercise Pump Breaker						
	Operate Manual Start Switch (SA)						
August	Exercise ATS						
	Exercise Pump Breaker						
September	Exercise ATS						
	Exercise Pump Breaker						
October	Exercise ATS						
	Exercise Pump Breaker						
November	Exercise ATS						
	Exercise Pump Breaker						
December	Exercise ATS						
	Exercise Pump Breaker						

Monthly Tests per NFPA 25-1998 ed, §5-1.1 and NFPA 110-1999 ed, §6-4.5
Semi-Annual Tests per NFPA 25-1998 ed, §5-1.1