|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **JNCASR** |   | MONTH OF  |   |   |
| **Location: PUMP ROOM**  |   |   |   |   |   |
| **Discription of the Pump/System:** |   |   |   |   |   |
| **HYDRANT/SPRINKLER SYSTEM WEEKLY & MONTHLY CHECKS** |  |  |  |  |  |  |
| **PPM Under warranty**  | **Jockey pump** | **Main pump**  | **diesel Pump** | **Month check** | **Remark** |
| **Sl. No.** | **Description** |   |   |   |   |   |
| (a) | Repeat the daily checks |   |   |   |   |   |
| (b) | Inspect installation control valves in open condition and locked |   |   |   |   |   |
| ( c) | Open the test valve and check the operation of alarm gong |   |   |   |   |   |
| (d) | Water supply valves should be checked to make sure theyare open |   |   |   |   |   |
| (e)  | Check all pressure gauges to ensure that they show correctreading |   |   |   |   |   |
| (f) | Check all pump glands to ensure that there is no leakage |   |   |   |   |   |
|   |   |   |   |   |   |   |
| (g) | Clean the motor starter contacts. |   |   |   |   |   |
| **PPM**  |   |   |   |   |   |
| (a) | Repeat all weekly checks |   |   |   |   |   |
| (b) | Ensure that there is no leakage at installation control valves |   |   |   |   |   |
| ( c) | Check all sluice vales and NRV's |   |   |   |   |   |
| (d) | Check all glands and packing |   |   |   |   |   |
| (f) | Fire department connections unobstructed |   |   |   |   |   |
|  | **Signature of the Vendor**  |   |   |   |   |   |
|  | **Signature of the Cordinator Safety**  | **Remarks (JNC):** |
|  | **Signature of the Duty Security Assistant**  |
|  |