|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 they are open |  |  |  |  |  |
| (e) | Check all pressure gauges to ensure that they show correct reading |  |  |  |  |  |
| (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** |
|  | |