Rev. 8-19-2010

LOS ANGELES CITY FIRE DEPARTMENT
ANNUAL FIRE PUMP PERFORMANCE TEST WORKSHEET

Date:	FS ☐ _____	FPB ☐ _____	Page ____of____
Testers Name:		Certificate #:	Pump # ____ of ____
Address:		Firm or D.B.A.:	
City and State:		Testers Signature:	

OCCUPANCY TYPE:	NUMBER OF STORIES:	YEAR BUILT:	CONSTRUCTION TYPE	FIRE DEPARTMENT WITNESS (Signature & Assignment)

FIRE PUMP INFORMATION: **SERIAL NUMBER:**_____

MANUFACTURER	RATED GPM	RATED HEAD-FT.	RELIEF VALVE	TANK SIZE AND LOCATION (IF APPLICABLE)
MODEL	RATED PSI	RATED RPM	IMPELLER SIZE	CITY SUPPLY PRESSURE (IF SUPPLIED DIRECTLY BY CITY) MINIMUM MAXIMUM (IF AVAILABLE)
TYPE OF PUMP		RELIEF VALVE SETTING		PUMP LOCATION

DRIVER INFORMATION:

DIESEL		**IF DIESEL DRIVEN, HOW MANY GALLONS OF FUEL ARE AVAILABLE (8 HOUR SUPPLY REQUIRED)?**	**GAL.**
ELECTRIC		**IF ELECTRICALLY DRIVEN, HOW MANY GALLONS OF FUEL SUPPLY THE EMERGENCY GENERATOR?**	

CONTROLLER INFORMATION:

MANUFACTURER	AUTO START	AUTO STOP	MODEL	OVERRUN TIME	JOCKEY PUMP (PSI) ON OFF

PERFORMANCE TEST:

RATED CAPACITY	REQUIRED FLOW	NUMBER OF OUTLETS	NOZZLE ORIFICE SIZE	REQUIRED PITOT PRESSURE	ACTUAL GPM	SUCTION	DISCHARGE	SYSTEM	NET	PUMP SPEED IN RPM
ROOF FLOW										

AUTOMATIC STARTS: **MANUAL STARTS:**

LOCATION OF TEST FLOWS/ REMOTE START	NUMBER OF STARTS	SATISFACTORY RESULTS	NUMBER OF STARTS	SATISFACTORY RESULTS

SYSTEM PRESSURE TAKEN AT:	AT 150 PERCENT OF RATED CAPACITY, IS THE NET PUMP PRESSURE AT LEASE 65 PERCENT OF THE RATED PRESSURE? YES ☐ NO ☐

REMARKS: