



FIRE PUMP ROOM PRE-TEST CLEARANCE

Job Address: _____

**APPROVED PLANS AND INSPECTION RECORDS MUST BE AVAILABLE AT THE JOB SITE.
THE FOLLOWING CLEARANCES, A COPY OF STREET USE PERMIT AND FIRE PUMP PRE-TEST ARE
REQUIRED PRIOR TO SCHEDULING THE FIRE PUMP TEST WITH LADBS FIRE SPRINKLER INSPECTION.**

BUILDING INSPECTION

Fire Pump Room Completed.

Date: _____ Inspector: _____

MECHANICAL INSPECTION

Fire Pump Room Ventilation Completed.

Date: _____ Inspector: _____

PLUMBING INSPECTION

Fire Pump Room Drainage Completed.

Date: _____ Inspector: _____

Roof Drains Completed.

Date: _____ Inspector: _____

ELECTRICAL INSPECTION

Fire Pump Electrical Wiring Completed.

Date: _____ Inspector: _____

Emergency Generator Completed.

Date: _____ Inspector: _____

FIRE DEPARTMENT

Fire Pump Room / Clearance To Test.

Date: _____ Inspector: _____

STREET USE

Special Requirements: _____

Date: _____ Inspector: _____

As a covered entity under Title II of the Americans with Disabilities Act, the City of Los Angeles does not discriminate on the basis of disability, and upon request, will provide reasonable accommodation to ensure equal access to its programs, services and activities.

FIRE PUMP PRE-TEST REPORT

Job Address: _____ Date: _____
 Standpipe Class: _____ Number of Stories: _____

PUMP

Make _____ Model _____ Serial# _____
 GPM _____ Ft _____ PSI _____ RPM _____ Elevation _____
 Location of Fire Pump _____

PUMP DRIVER

Make _____ Model _____ Diesel _____ Electric _____ HP _____ RPM _____

WATER SUPPLY

Water Main Pressure- Low _____ PSI Water Main Pressure- High _____ PSI Elevation _____ Ft.
 PRV Setting, Pump Inlet (If Req'd) _____ PSI Pump Inlet Pressure Prior to Test _____ PSI
 Storage Tank _____ Gallons Water Level Alarm _____ Low _____ High _____

TESTS

Nozzle and Size	Pitot Required	GPM	%	Actual Pump Inlet Press.	Actual Pump Outlet Press.	Req,d Pump Outlet Press.	Actual System Press.	Actual Roof Outlet Press.	RPM
0	0	0	0						
			50						
			100						
			150						
Roof									

System PRV (If Req'd.) _____ PSI. System Pressure Relief Valve _____ PSI. Overrun _____ Minimum
 Fire Pump, Start _____ PSI. Fire Pump, Stop _____ PSI.
 Jockey Pump, Start _____ PSI. Jockey Pump, Stop _____ PSI.

Pre-Test Conducted By: _____ Phone Number: _____ Date: _____

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