

PURPOSE OF FORM

This test form is to be used to record test data obtained during the Fire Pump Filed Acceptance Test for fire pumps serving fire protection systems other than standpipe system. This form replaces Standpipe Fire Pump Test form FP-86.

INSTRUCTIONS**SECTION 1: General Information**

- Fill in the house address, borough, date of test, and job application number (BIS or DOB NOW).
- Fill in the Pump Information including Pump Manufacturer, Model no., pump capacity, rated hp, and pump type (Centrifugal, in-line, etc.).
- Check the appropriate box for the pump drive installed and fill in the motor voltage.

SECTION 2: System Information

- Indicate the number of water supplies required for the sprinkler system per BC Q102, and sprinkler system demand in gallons per minute (GPM). The system shall be tested with each water supply serving the pumps.
- If the flush and hydrostatic tests have been conducted, please indicate **Yes** on the box provided, and if it has not been conducted, please indicate **No** on the box provided. The field acceptance test shall not proceed if the required Flush and Hydrostatic Tests of the fire pump have not been conducted in accordance with NFPA 20-2007 Section 14.1.
- Indicate the location of the fire pump in the building, the zone and floors that such pump is serving, and the pipe diameter of the suction side of the pump.
- Check the appropriate box for the electric motor's alternate source of power and automatic switch. If **Yes** is checked, in addition to testing the system with each water supply, the system shall also be tested using the alternate source of power to simulate loss of primary source in accordance with NFPA 20-2007, Section 14.2.9, and complete **Pump Test 4** below.

SECTION 3: Fire Pump Field Acceptance Test Data

- **Pump Test 1:** Record the fire pump flow test data conducted when using the primary water supply.
 - Circle the applicable water supply.
 - Fill in the pump flow test data including the flow, discharge nozzle size, pressures, and driver speeds. The fire pump test data shall be recorded at pump's minimum, rated, and peak capacity.
- **Pump Test 2:** If applicable, record the fire pump flow test data conducted when using the secondary water supply. If a secondary water supply is not required to be provided, leave the table blank.
 - Circle the applicable water supply.
 - Fill in the pump flow test data including the flow, discharge nozzle size, pressures, and driver speeds. The fire pump test data shall be recorded at pump's minimum, rated, and peak capacity.
- **Pump Test 3:** If applicable, record the fire pump flow test data conducted using both services supplying the pump. If not applicable, leave the table blank. Please note this is applicable to fire pumps that automatically transfer from one source of water supply to another, or when the fire pump is designed to run with two water supplies simultaneously.
 - Circle the applicable water supply.
 - Fill in the pump flow test data including the flow, discharge nozzle size, pressures, and driver speeds. The fire pump test data shall be recorded at pump's minimum, rated, and peak capacity.
- **Pump Test 4:** If applicable, record the fire pump flow test data conducted using the alternate source of power to simulate loss of primary source. If not applicable, leave the table blank.
 - Circle the applicable water supply.
 - Fill in the pump flow test data including the flow, discharge nozzle size, pressures, and driver speeds. The fire pump test data shall be recorded at pump's minimum, rated, and peak capacity.

SECTION 4: Signature & Witness

- Circle **Yes** if the fire pump performed in accordance with the manufacturer's pump characteristic curve or **No** to indicate the fire pump failed the flow test.
- Fill in the name of the representative who set the relief valve. The relief valve is set by the pump manufacture representative at the conclusion of the test.
- Fill in the Contractor information, including name, address, and telephone number.
- Fill in the name of the Licensed Master Fire Suppression Piping Contractor, and signature.
- Fill in the name of the representatives who witnessed the test. Please note that the test shall be witnessed in accordance with NFPA 20 14.2.1 and 14.2.2