LOW PRESSURE CUT-OFF CONTROLLER TEST REPORT

Premises Address:_____Company Name:_____
Contact Name: _____Contact Phone No:_____Type
of Controller:Fire Pump_____Domestic Booster Pump_____Pressure Sustaining Valve_____Manuf:
Model No:_____Serial No:_____Type of Inspection: Initial
Annual_____Date of Inspection:_____
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YES   NO

_____   _____   Found the sensing line seal intact
_____   _____   Found the normal power light (green) on

MANUAL START

_____   _____   Low suction light (red) comes on when suction pressure reaches 10 psig
_____   _____   The alarm sounds after a minimum 30 second delay
_____   _____   The pump shuts off immediately after the low suction pressure alarm sounds
_____   _____   The pump has automatic restart when the sensing line is recharged

AUTOMATIC START

_____   _____   Low suction light (red) comes on when suction pressure reaches 10 psig
_____   _____   The alarm sounds after a minimum 30 second delay
_____   _____   The pump shuts off immediately after the low-suction pressure alarm sounds
_____   _____   The pump has automatic restart when the sensing line is recharged

RESET PUMP

_____   _____   Opened outlet valve at pump discharge
_____   _____   Pump restarted in manual start mode
_____   _____   Pump restarted in automatic start mode
_____   _____   Resealed sensing line valve in open position

I certify that the low pressure cut-off controller test as described above was performed by me on the date indicated and the findings were as indicated:

INSPECTOR:
Signature_____Printed Name: _____

Cert. Tester No:_____Date:_____

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I certify that the inspection was performed on the date indicated and that the following statement is true. The low-suction pressure cut-off controller has been in use during the interval between inspections and during that period has not been bypassed or otherwise made ineffective.

Company Representative:
Name (Please Print)_____Date:_____

Signature_____Title: _____