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H.W. Buddy Rice
Fire Marshal

FIRE PUMP CHECKLIST

BUSINESS NAME: _____ DATE: _____

ADDRESS: _____ PERMIT NUMBER: _____

INSTALLER: _____ LICENSE NUMBER: _____

- Witness testing of pump at 100% and at 150% of rated capacity for 5 minutes
- Test controller, supervision, and pressure relief
- Check for a dedicated electrical power source and that the electrical connection is before the service connection to the building.
- Alternate power supplies shall be tested according to NFPA 20 and manufacturer specifications. The transfer of power shall take place in the pump room.
- System reset, put in service, and tagged properly

SYSTEM PASSED TESTING YES NO

Comments: _____

Fire Suppression System Installer: _____ Date: _____

Fire Inspector: _____ Badge No. _____ Date: _____