Form 6-2 Operational Checklist: Pump: Demand-dosed system (PDD) (Including siphons)

Service provided on: Date:_____ Time:_____ Reference #:_____
Service provided by: Company: _____ Employee:_____
Date of last service: _____ By: □ You □ Other:_____
Date of last inspection: _____

System type: □ Pump □ Siphon

NOTES

1. Controls
   a. Type: □ Piggy back □ Control panel
   b. Controls operating properly. Yes _____ No_____
   c. Is enclosure watertight. Yes _____No_____
   d. Alarm test switch working properly. Yes _____No_____
   e. At time of inspection, control switch (HAND-OFF-AUTO) was set at:
      "Hand/Manual"_____
      "Auto"_____
      "Off"_____
   f. Electrical meter readings:

		Reading (this)	Reading (last)	Difference	N.A.
i)	ETM			min	
ii)	Cycles/events			Events (NC)	

Calculate cycles/day: _____ [NC] / [Days] = _____ [CPD]

   g. Telemetry operational. N.A.: _____Yes _____No_____
      Type:_____

2. Pump/Siphon
   a. Siphon operating properly. N.A.: _____Yes _____No_____
   b. Pump operating properly. Yes _____No_____
   c. Type of pump: □ Multi-stage □ Single-stage
   d. Amps measured: _____amps
   e. Voltage measured: _____volts
   f. Pump turns on/turns off. Yes _____No_____

3. Water level sensors
   a. Type of water level sensor: □ Floats □ Pressure transducers
      □ Ultrasonic □ Other: _____
   b. Pump floats/sensors functioning properly. Yes _____No_____
   c. Alarm float/sensor operating both audible and visible. Yes _____ No_____

1. □ Acceptable
   □ Unacceptable

2. □ Acceptable
   □ Unacceptable

3. □ Acceptable
   □ Unacceptable

4. Sensor settings:

Sensor Number*	Function	Operational	Set At**		Secured
			Inches	Datum	
1		Yes No			Yes No
2		Yes No			Yes No
3		Yes No			Yes No
4		Yes No			Yes No
5		Yes No			Yes No

**(Designate starting from bottom of tank)*
*** (Measurements are taken from a fixed point ("Datum") near the surface or bottom of float tree in inches)*

5. Dose volume (DV)
   a. Pump Off – Pump On = _____in pumped (dose)
   b. GPI: _____ (Form 6.1 – Item 3.e)
      _____dose (in) x _____GPI =_____ DV(gal)

6. Pump delivery rate (PDR)
    a. Dose volume (from Item 5): _____ gal
    b. Verified pump run time "On": _____ min
    _____ gal pumped ÷ _____ min = _____ GPM
7. Total gallons
    a. Method to activate pump: □ Water added □ Lifted float
    b. Total gallons (from elapsed time meter)
    [_____(PTR) - _____(LTR)] x _____(GPM) = _____Total Gal
    OR Total gallons (from event/cycle counter)
    [_____(PCR) - _____(LCR)] x _____(DV) = _____Total Gal
8. Gallons per day (GPD)
    a. _____Total gal ÷ _____No. of days = _____Gal/day (GPD)

CPD: Cycles per day
DV: dose volume
ETM: Elapsed time meter
GPI: gallons per inch
GPM: gallons per minute
GPD: gallons per day
HAND-OFF-AUTO: Hand-Off-Auto Switch
LCR: last cycle reading
LTR: last time reading
PCR: present cycle reading
PDR: pump delivery rate
PTR: present time reading