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

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         |               |            |      |
      | ii) Cycles/events | Events (NC)  |            |      |
      | Calculate cycles/day: [NC] / [Days] = [CPD] |
   g. Telemetry operational. Yes ___ No ___

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 ___

4. Sensor settings:

<table>
<thead>
<tr>
<th>Sensor Number*</th>
<th>Function</th>
<th>Operational</th>
<th>Set At**</th>
<th>Secured</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes ___ No ___</td>
<td>inches</td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Yes ___ No ___</td>
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<td>Yes ___ No ___</td>
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<tr>
<td>3</td>
<td></td>
<td>Yes ___ No ___</td>
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<td>Yes ___ No ___</td>
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<tr>
<td>4</td>
<td></td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Yes ___ No ___</td>
<td></td>
<td>Yes ___ No ___</td>
</tr>
</tbody>
</table>

*(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)

Reference #: __________________

NOTES

1. □ Acceptable □ Unacceptable
2. □ Acceptable □ Unacceptable
3. □ Acceptable □ Unacceptable
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