CONSTANT PRESSURE (PRV) BOOSTER PUMP SYSTEM "PUMP CHEK" PREVENTATIVE MAINTENANCE

Coverage: Coverage will include one (1) scheduled PUMP CHEK inspection on the above equipment which is recommended twice per year. Each visit includes up to 8 hours of labor. This **excludes** all parts and applicable sales tax.
Any additional work beyond the contracted hours of labor would be billed at our standard Time & Material Rate.
If system has not been serviced for 1 year or longer then potential parts costs could be approximately $1500 - $2000

PUMP CHEK will renew automatically unless cancelled by the Customer or STH within 30 days of renewal date.

STH to perform the following during this service:

*   Condition of system   Good _____   Fair _____   Poor _____
*   Check Status lighting and all gauges
*   Tighten all electrical connections in control panel
*   Confirm motor rotations are correct   P1 _____   P2 _____   P3 _____
*   Record & Confirm Original design point   _____ PSI
*   Record & Confirm System set point   _____ PSI
*   Check and record Suction Pressure   _____ PSI
*   Check Lead Pump on   _____ PSI
*   Test High System switch and alarm   _____ PSI
*   Test Low System switch and alarm   _____ PSI
*   Test Lag Pump switch and alarm   _____ PSI
*   Test Low Suction switch and alarm   _____ PSI
*   Verify Minimum Run Timer _____ Minutes
*   Review Alarm History Log (if recorded) and note frequent or reoccurring alarms
*   Check Hydro-Tank operations if applicable
*   Open, inspect, and clean PRV(s), Check Valves, Piping, Fittings, and Strainers & adjust.
*   Note any faulty pump Isolation valves.
*   Test Temperature Relief valves (if available) for operation
*   Check motor bearings and lubricate as necessary
*   Photograph the entire system and piping to ceiling or wall of the pump room
*   Confirm Backflow Preventer has been inspected _____ (date)
*   Additional notes on system documented on the service ticket.

Job Name: _____   Company: _____

Site Address: _____

Site Contact: _____   Phone: _____   Email: _____

Signature: _____   Date: _____