



ANNUAL VFD BOOSTER PUMP SYSTEM "PUMP CHEK" PREVENTATIVE MAINTENANCE

Coverage: Coverage will include one (1) scheduled PUMP CHEK inspection on the above equipment which is recommended one time per year. Each visit includes up to 4 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.

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 operation 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)
- * Take Pictures of all items that are not normal
- * Additional notes on system documented on the service ticket

Job Name: _____ Company: _____

Site Address: _____

Site Contact: _____ Phone: _____ Email: _____

Signature: _____ Date: _____