

**DUPLEX CONSTANT PRESSURE (PRV) BOOSTER PUMP SYSTEM 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 4 hours of labor (parts are extra). Any additional work beyond the contracted hours of labor would be billed at our standard Time & Material rate. Note-if system has not been serviced for 1 year or longer then potential parts costs could be approx \$1500-\$2000. \*Does not include any applicable Sales Tax\*

**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
- \* **There is an additional charge for all parts used and for labor beyond 4 hours per visit.**

Job Name: \_\_\_\_\_ Company: \_\_\_\_\_

Site Address: \_\_\_\_\_

Site Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_