

# FIRE PUMP TEST

NAME OF PROPERTY: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 ISO FILE #: \_\_\_\_\_

IDENTIFY SYSTEM (S) INVOLVED: \_\_\_\_\_  
 \_\_\_\_\_

PUMP: MAKE \_\_\_\_\_ POWER: \_\_\_\_\_ TYPE \_\_\_\_\_  
 TYPE \_\_\_\_\_ SUPERVISION \_\_\_\_\_  
 RATED CAPACITY \_\_\_\_\_ CONTROLLER: MAKE \_\_\_\_\_  
 RATED PRESSURE \_\_\_\_\_ LISTED \_\_\_\_\_  
 RATED RPM \_\_\_\_\_ WATER SUPPLY: SOURCE \_\_\_\_\_

SPRINKLER SYSTEM DEMAND \_\_\_\_\_ GPM AT \_\_\_\_\_ PSI

SUCTION PRESSURE	DISCH. PRESSURE	NET PRESSURE	RPM		ORIFICE (NUMBER / SIZE)					TOTAL DISCH.
					/	/	/	/	/	
				PITOT						
				GPM						
				PITOT						
				GPM						
				PITOT						
				GPM						
				PITOT						
				GPM						

REMARKS ON TEST: \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 SIGNATURE AND TITLE OF PERSON MAKING TESTS

\_\_\_\_\_  
 COMPANY NAME

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 WITNESS (OWNER OR LESSEE OF PROPERTY)

\_\_\_\_\_  
 DATE OF EXAMINATION

Mail or fax completed form to:

**ATTN: CUSTOMER SERVICE**  
**Insurance Services Office, Inc.**  
**3100 Breckinridge Blvd., Suite 700**  
**Atlanta, Georgia 30096-4985**

**fax: (800) 777-3929**  
**voice: (800) 677-2878**