Form 6-3 Operational Checklist: Pump: time-dosed system (PTD)

Service provided on: Date:_____ Time:_____ Reference #:_____
Service provided by: Company: _____ Employee:_____
Date of last service: _____ By: □ You □ Other:_____
Date of last inspection: _____

NOTES

1. Controls Timer manufacturer:_____
   a. Is enclosure watertight. Yes____No_____
   b. Alarm test switch working properly. Yes____No_____
   c. At time of inspection, timer was set at: "On"____ Mode setting____
      "Off"____ Mode setting____
   d. At time of inspection, control switch (HAND-OFF-AUTO) was set at:
      "Hand/Manual"_____
      "Off" _____
      "Auto" _____
   e. If timer was changed from above, new setting is: "On"____ Mode setting____
      "Off"____ Mode setting____
   f. Electrical meter readings:

		Reading (this)	Reading (last)	Difference	N.A.
i)	ETM			min	
ii)	Cycles/events			Events (NC)	

   Calculate cycles/day: _____ [NC] / [Days] = _____ [CPD]
   g. Telemetry operational. N.A._____Yes ____ No _____
      Type: _____

1. □ Acceptable
   □ Unacceptable

2. Pump
   a. Pump operating properly. Yes_____No_____
   b. Type of pump: □ Multi-stage □ Single-stage
   c. Amps measured: _____amps
   d. Voltage measured: _____volts
   e. Pump turns on/turns off. Yes _____No_____

2. □ Acceptable
   □ Unacceptable

3. Water level sensors
   a. Type of water level sensor: □ Floats □ Pressure transducers
      □ Ultrasonic □ Other:_____
   b. Pump sensors functioning properly. Yes_____No_____
   c. Alarm sensor operating audible and visible alarms. Yes_____No_____

3. □ Acceptable
   □ Unacceptable

4. Sensor settings:

Sensor Number*	Function	Operational	Set At:		Secured
			Inches**	Datum	
1		Yes___ No___			Yes___ No___
2		Yes___ No___			Yes___ No___
3		Yes___ No___			Yes___ No___
4		Yes___ No___			Yes___ No___
5		Yes___ No___			Yes___ No___

**(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. Pump delivery rate (PDR) (measured)
   a. Pump Off_____ – Pump On _____ = _____in
   b. GPI: _____ (*From* Form 6.1 – Item 3 e)
   c. Verified pump run time: _____min

   (_____In x _____GPI) ÷ Pump run time (min) =_____(GPM)

Reference #:_____

6. Dose volume (DV) (from timer setting)
    a. Pump delivery rate: _____ GPM (from Item 5)
    b. Verified pump run time: _____min
    _____ GPM x _____ min/cycle =_____(DV[Gal/ cycle])
7. Total gallons (from elapsed time meter)
    a. [_____(PTR) - _____(LTR)] x _____(GPM) = _____Total Gal
    OR Total gallons (from event/cycle counter)
    [_____(PCR) - ____ (LCR)] x _____(DV) =_____Total Gal
8. Gallons per day (GPD)
    _____Total gal ÷ _____No of days = _____Gal./Day (GPD)

CPD: cycles per day
DV: dose volume
ETM: elapsed time meter
GPD: gallons per day
GPI: gallons per inch
GPM: gallons per minute
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