Form 6.2 Operational Checklist: PUMP: DEMAND-DOSED SYSTEM (PDD)

Service provided on: Date:_____ Time:_____ Reference #:_____

Service provided by: Company: _____ Employee:_____

Date of last service: _____ By: ☐ You ☐ Other:_____

Date of last inspection: _____

System type: ☐ Pump ☐ Siphon

NOTES

1. Controls

1. ☐ Acceptable
   ☐ Unacceptable

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

Calculate cycles/day: _____ [NC] / [Days] = _____ [CPD]

2. Pump/Siphon
   Amps measured: _____amps
   .   Voltage measured: _____volts

2. ☐ Acceptable
   ☐ Unacceptable

3. Water level sensors

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___

5. Dose volume (DV)

   _____dose (in) x _____GPI =_____ DV(gal)

6. Pump delivery rate (PDR)

   _____ gal pumped ÷ _____ min = _____ GPM

7. Total gallons

   [_____(PTR) - _____(LTR)] x _____(GPM) = _____Total Gal

   [_____(PCR) - _____(LCR)] x _____(DV)   = _____Total Gal

8. Gallons per day (GPD)

   a.   _____Total gal ÷ _____No. of days = _____Gal/day (GPD)