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: _____

1. Controls   Timer manufacturer:_____

Electrical meter readings:

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

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

2. Pump

3. Water level sensors

4. Sensor settings:

Sensor Number*	Function	Operational	Set At: Inches**	Set At: Datum	Secured
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)
        (_____In x _____GPI) ÷ _____ Pump run time (min) =_____(GPM)

6. Dose volume (DV) (from timer setting)
        Verified pump ON 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)