

# PRESTART-UP AND START-UP CHECKLIST

Contractor \_\_\_\_\_

Pump Serial Number \_\_\_\_\_

Project Name \_\_\_\_\_

Pump Model Number \_\_\_\_\_

| Procedure  | Yes                      | No                       | N/A                      | Comments |
|--|--------------------------|--------------------------|--------------------------|----------|
| <b>1. Shipment</b>   |                          |                          |                          |          |
| Was there any damage in transit?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Were all items received?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>2. Storage</b>  |                          |                          |                          |          |
| Has equipment been protected from inclement weather?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Was equipment subject to flooding?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have all bearings been protected from moisture?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>3. Installation</b>   |                          |                          |                          |          |
| Were retaining fasteners, used in shipping, removed prior to installation?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is grouting under base properly compacted?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is grouting of the non-shrink type?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have proper anchor bolts been used?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have the bolts been properly tightened?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have both the suction and discharge been checked for pipe strain?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Are lube lines and seal water lines properly installed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Are accessory items, RTD's, bearing temp detectors, vibration sensors, etc. mounted and properly installed?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Are lube lines purged of air and lubricant added? (pump and driver)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Are all safety guards in place?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have impellers been checked for proper clearance?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>4. Alignment</b>  |                          |                          |                          |          |
| Has the alignment of driver to pump been checked?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have indicator readings been taken?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>5. Rotation</b>   |                          |                          |                          |          |
| Has the rotation of the drives been checked for correctness?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Has the coupling been turned to assure free rotation of pump and motor?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>6. System</b>   |                          |                          |                          |          |
| Has the system been checked to insure that it is free of foreign matter which could be damaging to the pump?                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is liquid available to the pump?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Has assurance been obtained from responsible parties that all piping is secure and that the routing of flow has been established and is correct? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| <b>7. Start-Up</b>   |                          |                          |                          |          |
| Has flow been established?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Have gauge readings been taken?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Has packing been adjusted to insure proper lubrication of packing?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| If pumps are equipped with mechanical seals, is the lubricating seal water pressure a constant 10 to 15 p.s.i. above the discharge of the pump?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is excessive vibration present?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |
| Is bearing operating temperature excessive?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |          |

Customer's Representative Witnessing Start-Up

Fairbanks Morse Pump Representative Conducting Start-Up

Name \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_