

Existing Mechanical Equipment – Asset Survey Condition and Aging Grading

| Pump Station No.: | | | | Consultant: | | | | |
|--|--|-----------------|------------|-------------------------|-----------------|----------------------|---------------------------|--------------|
| Pump Station Type (outfall, lifting station, pedestrian underpass, traffic underpass, subsoil drainage) | | | | | | | | |
| Location: | | | | Commission Date: | | | Refurbishment Date | |
| Asset Type: | Wet Well Submersible | | | Asset ID | | | | |
| Asset Description and Attributes | | | | | | | | |
| NO. | ITEM | Size / Capacity | Condition | Asset Life | Asset Age | Confidence Criterion | Condition Gr. | Remnant Life |
| 1 | Axial Flow Pump | | | | | | | |
| 2 | Mixed Flow Submersible Pump No. 1 | | | | | | | |
| 3 | Mixed Flow Submersible Pump No. 2 | | | | | | | |
| 4 | Pump's S S Guide Rails & Lifting Chains | | | | | | | |
| 5 | S s Trash Racks | | | | | | | |
| 6 | Stop Locks & S S Lifting Channels | | | | | | | |
| 7 | S S Piping & Fittings within wet well | | | | | | | |
| 8 | S S Piping & Fittings within Valve Chamber | | | | | | | |
| 9 | S S Gate Valves | | | | | | | |
| 10 | S S Non Return Valves | | | | | | | |
| 11 | S S Air Release Valves | | | | | | | |
| 12 | Lifting Equipment | | | | | | | |
| 13 | Axial Flow pump discharge line flap valve | | | | | | | |
| 14 | Mixed flow pumps discharge line Flap Valve | | | | | | | |
| 15 | Gravity Line Main Flap Valve | | | | | | | |
| 16 | Air Conditioning Units | | | | | | | |
| 17 | Aluminium Covers and Frames | | | | | | | |
| 18 | Sump pump 1 | | | | | | | |
| 19 | Sump pump 2 | | | | | | | |
| 20 | Pentstock electric / manual | | | | | | | |
| 21 | Surge vessel (if required) | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Asset Condition Assessment Rating | | | | | | | | |
| Asset Condition | Very Good [1] | Good [2] | Fair [3] | Poor [4] | Very Poor [5] | Non Existent [6] | | |
| Name: | | | | Signature | | | Date: | Place: |
| Inspected By (Contractor) | | | | | | | | |
| Inspected By (Consultant) | | | | | | | | |
| Remarks | | | | | | | | |
| | | | | | | | | |