

Mercedes Textiles Limited



Portable Fire Pump Evaluation

Mercedes Textiles Limited has been manufacturing Fire hose since 1978 and in 1995 we formed a sister company, Hydrowick Industries, to manufacture top of the line portable fire pumps and fire line accessories.

One of our most important strengths is the ability to respond to our customer's needs, therefore quality customer feedback is always vital to help us remain proactive in this regard. Consequently, this document contains 3 forms to assist with the process of evaluating our pumps and providing feedback

“Identification Form”

This form identifies the fire agency or customer who is performing the evaluation, along with the pertinent details of the pump (or pumps) being evaluated.

“Daily Evaluation Form”

This form provides the necessary details to evaluate the specific pump being tested. A separate Daily Evaluation Form should be used each time and for each specific pump being evaluated.

Note: Multiple evaluations for any given pump will improve the feedback result

“Pump Evaluation Summary Form”

This form is to summarize the daily results of each pump being evaluated, and to provide comments and recommendations to Mercedes Textiles Limited.

Note: A separate summary evaluation form is to be filled out for each specific pump being evaluated.

Instructions:

The forms are designed to hopefully make them user friendly and quick to fill in (either using the excel format or printing out). It is important to fill in all parts of these forms to ensure we have the necessary data to effectively evaluate performance, environmental effects, etc.

Please return all forms (including the daily evaluations) to Mercedes Textiles Limited via snail mail, fax or email to the coordinates below, unless otherwise requested.

Mercedes Textiles Limited

5938 Cypihot

Saint Laurent, QC

Canada H4S 1Y5

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“Identification Form” (Page 1 of 1)

This form identifies the fire agency or customer who is performing the evaluation, along with the pertinent details of the pump (or pumps) being evaluated. Please return with the daily and summary report forms

Date: _____

Fire Agency / Customer: _____

Location: _____

Person preparing this report:

Name: _____

Phone Number: _____

Email Address: _____

Person to contact for follow up, if different than above

Name: _____

Phone Number: _____

Email Address: _____

Pump Type / Model(s) being evaluated

Serial Number: _____ Wick 80-4H

Serial Number: _____ Wickman 100

Serial Number: _____ Wick 100-4H

Serial Number: _____ Wick 250

Serial Number: _____ Wick 375 (4 Stage)

Serial Number: _____ Wick F200-10S (2 Stage)

Serial Number: _____ Wick 4200-13H (4 Stage)

Serial Number: _____ Wick F200-13H (2 Stage)

Serial Number: _____ Wick 4200-18BS (4 Stage)

Serial Number: _____ Wick F200-18BS (2 Stage)

Serial Number: _____ Wick 4200-23BS (4 Stage)

Serial Number: _____ Wick F200-23BS (2 Stage)

Serial Number: _____ Other (Please Specify)

Reason for Evaluation: _____

Mercedes Textiles Limited Representative to be contacted: _____

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“Daily Evaluation Form ” (Page 1 of 2) Please fill in all areas of this form

Date: _____

Fire Agency / Customer: _____

Location: _____

Person performing the pump evaluation

Name: _____

Phone Number: _____

Email: _____

Pump Type / Model being evaluated

Enter Wick model: _____ (If unsure, see Identification form)

Serial Number: _____

Pump operating manual read?

Yes

No

Enter Gasoline Type

Regular

High Test

Enter Oil Type

Synthetic

Regular 2-cycle

Enter Oil Mixture Ratio (if 2 cycle pump)

24:1

40:1

Other

Site Elev. (Above sea level): _____

Indicate Feet or Meters

Temperature: _____

Indicate C or F

Barometric Pressure: _____

Indicate scale

Performance Results

Comments

Set Up:

Satisfactory: Yes No

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Starting:

Satisfactory: Yes No

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Calculating Pressure Loss

Length of Discharge Hose: _____ (Indicate if in Feet or Meters)

Diameter of Discharge Hose: _____

Manuf. of Discharge Hose: _____

Vertical height >> Water source to Nozzle tip: _____ (Indicate if in Feet or Meters)

Pressure and Flow Readings

		Nozzle Tip Size >>				
		Shut-off	1/2"	3/8"	1/4"	3/16"
Engine RPM: _____	Pressure at Nozzle Tip:	N/A				
	Pressure at Pump:					
	Flow Rate:	N/A				
Indicate measurement >>		PSI	KPA	US GPM		LPS
		Pressure:	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	Flow:	<input style="width: 50px;" type="text"/>

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“Daily Evaluation Form ” (Page 2 of 2) Please fill in all areas of this form

Total Engine Run time: _____

Total fuel Consumption: _____ (Indicate if US Gal. or Liters)

Engine Failure:

Yes	No

Pump End Failure:

Yes	No

Comments:

Pump Compatibility with existing equipment:

Satisfactory
Not Satisfactory

Comments:

Pump Design (engine / pump end / frame):

Satisfactory
Not Satisfactory

Comments:

Pump Retrieval:

Satisfactory
Not Satisfactory

Comments:

Other Comments:

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“Pump Evaluation Summary Form” (Page 1 of 2) One summary form for each pump evaluated

The purpose of this "Pump Evaluation Summary Form" is to provide an overall assessment report, with input taken from the daily evaluation forms, for a specific pump. A separate evaluation summary form is to be prepared for each pump being evaluated.

Please include all Daily Evaluation forms along with the Identification form, per instructions on the 1st page.

Date: _____

Fire Agency / Customer: _____

Location: _____

Person completing this Pump Evaluation Summary Form

Name: _____

Phone Number: _____

Email: _____

Pump Type / Model being evaluated

Enter Wick model: _____ (If unsure, see Identification form)

Serial Number: _____

Number of daily reports: (please attach) _____

Pump Performance Issues

	Satisfactory	Yes	No
Starting:		<input type="checkbox"/>	<input type="checkbox"/>
Water Delivery Pressure:		<input type="checkbox"/>	<input type="checkbox"/>
Water Delivery Volume:		<input type="checkbox"/>	<input type="checkbox"/>
Durability:		<input type="checkbox"/>	<input type="checkbox"/>
Reliability:		<input type="checkbox"/>	<input type="checkbox"/>
Repairs:		<input type="checkbox"/>	<input type="checkbox"/>
Noise Level:		<input type="checkbox"/>	<input type="checkbox"/>
Fuel Consumption:		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

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“Pump Evaluation Summary Form” (Page 2 of 2)

Miscellaneous Issues

	Satisfactory	Yes	No
Weight		<input type="checkbox"/>	<input type="checkbox"/>
Length		<input type="checkbox"/>	<input type="checkbox"/>
Width		<input type="checkbox"/>	<input type="checkbox"/>
Height		<input type="checkbox"/>	<input type="checkbox"/>
Cost of unit		<input type="checkbox"/>	<input type="checkbox"/>
Compatibility with other equipmant		<input type="checkbox"/>	<input type="checkbox"/>
Operating Controls		<input type="checkbox"/>	<input type="checkbox"/>
Operator Friendliness		<input type="checkbox"/>	<input type="checkbox"/>
Safety Issues		<input type="checkbox"/>	<input type="checkbox"/>
Pump delivery from supplier		<input type="checkbox"/>	<input type="checkbox"/>
Mercedes service & support adequate		<input type="checkbox"/>	<input type="checkbox"/>
Design issues / concerns		<input type="checkbox"/>	<input type="checkbox"/>
Did the pump meet overall expectations?		<input type="checkbox"/>	<input type="checkbox"/>
Other Issues (Pls indicate)		<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____		

Summary Comments & Recommendations:
