

*Confidence Testing Company*

*LOGO and Info goes here*

*Address*

*Phone*

*Here*

# Seattle Fire Department

Confidence Test Report (use one form per sys.)

206-386-1448 Confidence Testing Officer

206-615-1068 (fax)

206-233-7219 Red Tag Hotline

## CLEAN AGENT OR CO<sub>2</sub> SYSTEM

CLEAN AGENT  CO<sub>2</sub>

Status Given

CONFIDENCE TEST  REACCEPTANCE TEST  RED  YELLOW  WHITE

Occupancy Address: _____	Occupancy Name: _____
Responsible Person First & Last Name: _____	Phone Number: _____
Responsible Person Address, City, State, Zip: _____	Responsible Party E-Mail Address: _____

Technician's Name \_\_\_\_\_ SFD Certification No. SCP- \_\_\_\_\_  
(Please Print legibly)

Date of Test: \_\_\_\_\_ Test Frequency: **Annual**

System Make: \_\_\_\_\_ System Model: \_\_\_\_\_  
System Identification No. \_\_\_\_\_ System Location: \_\_\_\_\_  
SFD ID No. \_\_\_\_\_ (Call 386-1448 for this No.)

Central station monitoring? Yes  No  Monitoring Company  
Monitoring Required? Yes  No  Name \_\_\_\_\_

**DEFICIENCIES FOUND? Yes  No  List items that were not corrected at the time of the confidence test. Use the Deficiencies section or attach itemized sheet**

**REPAIRS: All deficiencies have been corrected**   
Corrected By: \_\_\_\_\_ SFD Certification Number: SCP – \_\_\_\_\_  
**System Status changed to White (including the tag on the system)**

This certifies that this fire and life safety system has been properly inspected for functional operation in accordance with the current Seattle Fire Code (SFC), Administrative Rules, and NFPA Standards adopted by the SFC for this system. The discrepancies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

Signature of Technician \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of Testing Company \_\_\_\_\_

Building Representative (signature) \_\_\_\_\_ Date \_\_\_\_\_  
Print Name and Title \_\_\_\_\_ Direct Phone # \_\_\_\_\_

Building Rep unavailable  Building Rep declined to sign report

**THIS REPORT WILL BE SENT TO THE SEATTLE FIRE DEPARTMENT BY THE TESTING AGENCY IN ACCORDANCE WITH ADMINISTRATIVE RULE 9.02.09  
ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE**

The items on the checklists below shall be inspected and tested. This list may not constitute all of the required inspecting and testing of the fire and life safety system. **Refer to the Seattle Fire Department Fire Code and adopted NFPA standards 2001 (Clean Agent 2008 ed.) and 12 (CO<sub>2</sub> 2008 ed.) for inspecting and testing requirements.**

**PRE-TEST CHECK**

- |                                                                                                                         |                              |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| 1. The <b>Fire Alarm was put into test mode</b> and/or other precautions were taken to <b>avoid preventable alarms.</b> | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|

**GENERAL**

- |                                                                                                                                  |  |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|-----------------------------|
| 2. This is the only System of this type at this address.<br>If "No" What is the unique ID number? (See SFC Ad Rule 9.02.09)_____ |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. All signs, placards, and labels are provided on doors, system controls, and electrical circuits.                              |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. No significant changes or unrepaired penetrations were found in the enclosure protected by the system.                        |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**RECALLS**

- |                                                                                                                                                                                                 |                              |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| 5. The inspector did not find recalled devices during the visual inspection.<br><b>Note: the inspector's inspection is a visual cursory inspection from the floor level in accessible areas</b> | Unk <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|

**NOZZLES, PIPING, AND HOSE**

- |                                                                                                                                              |                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| 6. All nozzles, piping, and brackets are properly placed and are secured.                                                                    |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. All end-of-line resistors are in place.                                                                                                   | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. All hose was visually inspected and does not have visual defects.                                                                         |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. All hose five years old and older has been tested in 5-year intervals in accordance with NFPA 2001 Section 7.3.2 Date for Next Hose Test: |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**CYLINDERS AND EXTINGUISHING AGENT**

- |                                                                                                                                                 |                              |                              |                             |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| 10. The quantity loss is <5% and the pressure loss is <10% in each cylinder from the required quantity and pressure of the extinguishing agent. |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. There is an up-to-date log containing a record of semi-annual checks for the agent quantity and pressure on each cylinder                   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. All cylinders with an unacceptable quantity loss were refilled or replaced.                                                                 | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. All cylinders are tested according to NFPA 2001 7.2.1 and 7.2.2 at the proper intervals. Date for next cylinder test_____                   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INITIATING AND ALERTING COMPONENTS**

- |                                                                                                                       |                              |                              |                             |
|-----------------------------------------------------------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| 14. All detection/initiating devices respond properly when tested.                                                    | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. All alarm functions take place upon receipt of a signal from the detection devices.                               | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. All alerting devices work properly.                                                                               | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. All supervised circuits send the proper signals to the control panel.                                             | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. All Manual pull stations are readily accessible, accurately identified, and properly protected to prevent damage. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**RELEASE DEVICES**

19. The automatic release device(s) work properly, including pre-discharge time delays. (Note: Confidence testing of the release device does not require release of the clean agent after the initial full discharge acceptance test. However, full discharge tests may be required after changes to the protected area or system.)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. All manual stations used to release agents work properly and require two separate and distinct actions for operation.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**ABORT DEVICES**

21. The manual abort switch is a dead-man type switch and functions properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**AUXILIARY FUNCTIONS**

22. All auxiliary functions such as alarm-sounding or displaying devices, remote annunciators, air-handling shutdown, damper operation, and power shutdown operate properly in accordance with system requirements and design specifications.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. The alarms can be silenced, when allowed, without affecting other system functions.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**SYSTEM MONITORING**

24. The control panel sends the proper signals to the remote FAP.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. The fire protection system, including the alarm system, works correctly on standby power during a simulated power failure.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. A signal was received at the Central Station monitoring company.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

**TRAINING**

27. All personnel working in enclosures protected by a clean agent system have received up-to-date training regarding clean agent safety issues.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**FINAL CHECKS**

28. The <b>Fire Alarm was removed from test mode</b> and/or other precautionary measures were removed to <b>restore fire alarm system to normal operation</b> (includes removal of protective coverings).	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. The system was left in service. If "No", explain.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. The confidence test report was given to the owner and a current status tag was posted.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

**Type of Extinguishing Agent** \_\_\_\_\_

Agent Bottles	#1	#2	#3	#4	#5
Design Quantity	_____	_____	_____	_____	_____
Actual Quantity	_____	_____	_____	_____	_____
Method used	_____				

**DEFICIENCIES:**

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2008 NFPA 25 reference:</b>

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Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2008 NFPA 25 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2008 NFPA 25 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2008 NFPA 25 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2008 NFPA 25 reference:</b>