

*Confidence Testing Company*

**Seattle Fire Department**

Name \_\_\_\_\_

Confidence Test Report (use one form per sys.)

Address \_\_\_\_\_

206-386-1448 Confidence Testing Officer

Phone \_\_\_\_\_

206-615-1068 (fax)

email \_\_\_\_\_

206-233-7219 Red Tag Hotline

**FIRE ALARM**

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: Quarterly  (High-rise Only)  
 Annual

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

Central station monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitoring Company Name _____
Monitoring Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	

**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 protection 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 <input type="checkbox"/> Building Rep declined to sign report <input type="checkbox"/>	

**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 does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the **2009 Seattle Fire Code (SFC) Section 907, Sec. 510 and Appendix J; SFC Administrative Rules 9.02.09 and 9.04.07; and 2007 NFPA 72** for inspecting and testing requirements.

**PRE-TEST CHECK**

**Prior to starting work** precautions were taken to **prevent an alarm from going to the fire department** by making notification of the test to: (check all that apply)

- |   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| 1. The building occupants                 | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The onsite supervisory station         | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. The Central Station Monitoring Service | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**GENERAL**

- |  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| 4. The key to the panel is available at the FACP.  | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. The operating instructions are available at the FACP.   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**ALARM PANEL**

- |   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| 7. All signals on the FACP operate on AC power.   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. All signals on the FACP operate on Battery power.  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. All signals on the FACP operate on emergency generator/standby power                       | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. The trouble indicators function properly and a trouble signal comes on with AC power off. |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**INITIATING DEVICES AND ALARM APPLIANCES**

- |  |                              |                              |                             |
|--|------------------------------|------------------------------|-----------------------------|
| 11. All initiating and annunciating devices tested operate properly on AC power.   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. All initiating and annunciating devices tested operate properly on generator/standby power.  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. All initiating and annunciating devices tested operate properly on battery power.  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. 100% of the INITIATING DEVICES per circuit were tested in accordance with <b>2007 NFPA 72 Chapter 10</b> . (NOTE: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to be tested annually. Records shall be kept to ensure that every detector is tested every five years.) |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. 100% of the AUDIBLE ALARM APPLIANCES per circuit were tested in accordance with <b>2007 NFPA 72 Chapter 10</b> .   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. The audible alarm appliances tested operate at the levels designed by the manufacturer.  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. The audible appliances tested in residential units generate a minimum of 60dBA in the sleeping areas.  | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. 100% of the VISUAL ALARM APPLIANCES per circuit were tested in accordance with <b>2007 NFPA 72 Chapter 10</b>  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. The visual alarm appliances tested operate as designed by the manufacturer.  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**BATTERIES**

- |  |                                 |
|--|---------------------------------|
| 20. The batteries are rated for: ____ hours ____ minutes |                                 |
| 21. Battery voltage (no load)                            | _____ volts                     |
| 22. Battery voltage (full load)                          | _____ volts (signals operating) |
| 23. Charge circuit voltage                               | _____ volts                     |

<b>INTERFACE DEVICES</b>			
The FACP received signals from the following Interface devices: Tested by: Simulation <input type="checkbox"/> Operation <input type="checkbox"/>			
24. Emergency Generator(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Flow Switch(es)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Supervisory Switch(es)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Range Hood Suppression System(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Spray Booth Suppression System(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Clean Agent System(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Pre-action Systems(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Pull Stations	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>OTHER EQUIPMENT CONTROLLED BY FACP</b>			
The following Fire Safety Functions responded to signals from the FACP. Tested by Simulation <input type="checkbox"/> Operation <input type="checkbox"/>			
<b>Note: This Section replaces the Sequence Test Form.</b> The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.			
32. Fan controls	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Smoke Dampers	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. Elevator Recall system	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Elevator Shunt Switch(es)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Door holder releases	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Door Lock devices	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. Fire Pump(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. General alarm automatic time delay _____ (minutes)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40. Remote Annunciator Panels	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>COMMUNICATION EQUIPMENT</b>		Test Results Acceptable		
41. All phone sets function properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
42. All phone jacks function properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
43. All phone indicating devices at the FACP work properly	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
44. The public address equipment at the FACP works properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
45. The in building Emergency Radio Communication Systems function throughout the building in accordance with <b>2009 SFC Sec. 510 and Appendix J.</b> Annual Test <input type="checkbox"/> 5-Year Test <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>ALARM PANEL MONITORING</b>			
46. A signal was received at the Central Station monitoring company.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>FINAL CHECKS</b>			
47. The <b>Fire Alarm was removed from test mode</b> and/or other precautionary measures were removed to <b>restore the fire alarm system to normal operation</b> (includes removal of protective coverings).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
48. The test record was posted at panel.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
49. A copy of the confidence test report was given to the owner and a current status tag was posted on the Alarm Panel.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
50. The confidence test report was sent to the fire marshal's office.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Deficiencies

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2007 NFPA 72 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2007 NFPA 72 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2007 NFPA 72 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2007 NFPA 72 reference:</b>

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
<b>SFC and/or 2007 NFPA 72 reference:</b>