

Confidence Testing Company
LOGO and Info goes here
Address
Phone
email

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

FIRE PUMP		Status Given		
CONFIDENCE TEST <input type="checkbox"/>	REACCEPTANCE TEST <input type="checkbox"/>	RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>

Occupancy Address: _____ Responsible Person First & Last Name: _____ Responsible Person Address, City, State, Zip: _____	Occupancy Name: _____ Phone Number: _____ Responsible Party E-Mail Address: _____
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Technician's Name _____ (Please Print legibly)	SFD Certification No. SCP- _____
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Date of Test: _____	Test Frequency: Annual	
Pump Make: _____	Pump Model: _____	
Pump Identification No. _____	Pump Location: _____	
SFD ID No. _____ (Call 386-1448 for this No.)		

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 _____
Title _____	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 for inspecting and testing requirements.**

PRE-TEST CHECKS

1. The Fire Alarm was put into test mode and/or other precautions were taken to avoid preventable alarms.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. This is the only Fire Pump at this address. a. If "No" What is the unique ID number? (See SFC Ad Rule 9.02.09) _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Routine maintenance is being performed (including weekly pump tests w/o flow) and records are being kept in accordance with NFPA 20 and NFPA 25	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. The suction screens were inspected and cleared. N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. All signs, placards, and labels are provided on doors and system controls.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ELECTRIC PUMP Electrical based on NFPA 20 test procedures

Flow	0 gpm (churn)			100% gpm			150% gpm		
6. Amperage	Ph 1 _____	Ph2 _____	Ph3 _____	Ph 1 _____	Ph2 _____	Ph3 _____	Ph 1 _____	Ph2 _____	Ph3 _____
7. Voltage	Ph 1 _____	Ph2 _____	Ph3 _____	Ph 1 _____	Ph2 _____	Ph3 _____	Ph 1 _____	Ph2 _____	Ph3 _____
8. The electric pump ran properly for a minimum 10 minutes.								Yes <input type="checkbox"/>	No <input type="checkbox"/>

DIESEL PUMP

9. Oil level is OK.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Coolant level is full.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The hydrometer reading indicates that the antifreeze protection is adequate.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. The fuel filter/strainer was serviced.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. The diesel engine/pump operated properly for a minimum 30 minutes.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PUMP CONTROLLER(S)

14. The fire pump controller is listed and operates according to NFPA 20 standards	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. The controller regulates the jockey pump as required by 2005 NFPA 20 N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. The controller regulates the fire pump as required by 2005 NFPA 20	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PUMP TEST - RATED CAPACITY (RC) _____ RATED RPM _____ RATED PSI/FT _____ / _____

17. When the Pump starts from pressure drop the start pressure is 5 psi below the start point of the jockey pump. N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. The pump runs smoothly without unusual noise or vibration. (For standards regarding pump vibration see Hydraulics Institute Standards for Centrifugal, Rotary and Reciprocating Pumps – Ref. NFPA 20 6.5.2 and 14.2.6)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. The gauges passed a 5-year pressure gauge comparison test with a calibrated gauge. Date for next test: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Defective gauges were replaced or recalibrated. N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. The pump performs at its rated capacity (RC) and at 150% of its RC (or the capacity that the supply will accommodate above the RC if it is less than 150%.)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Actual Test RPM: Churn: _____ 100% RC _____ 150% RC _____		
23. Pitot or Flowmeter Reading: Test Capacity (100%) _____ Test Peak Flow (150%): _____ gpm		
24. PSI reading on Discharge Gauge: Pre-test _____ psi Churn (0 flow) _____ psi RC _____ psi 150% RC _____ psi		
25. PSI reading on Suction Gauge: Pre-test _____ psi Churn (0 flow) _____ psi RC _____ psi 150% RC _____ psi		
26. Hose size: _____ in. Tip size: _____ in. Hose length: _____ ft.		
27. The shaft seals are dripping water properly.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. The System pressure relief valve operates properly N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. The Casing relief valve operates properly N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. The fire alarm panel monitors the fire pump	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TRANSFER SWITCH			
31. A simulated power failure during peak flow automatically activated the transfer switch within 10 seconds.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. After the automatic connection was made to an alternate power source peak flow was redelivered within 30 seconds.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. The manual emergency transfer equipment operated properly during peak flow and peak flow was redelivered within 30 seconds.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FINAL CHECKS			
34. The Fire Alarm was removed from test mode and/or other precautionary measures were removed to restore the connection to the fire alarm system (includes removal of protective coverings).	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. The confidence test report was given to the owner and a current status tag was posted.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

DEFICIENCIES

Resolved

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:

2.

Resolved

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:

3.

Resolved

Location: _____

Deficiency: _____

Recommended Resolution: _____

SFC and/or 2008 NFPA 25 reference:

4.

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

5.

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

6.

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

7.

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