

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)

Here

206-233-7219 Red Tag Hotline

SPRAY BOOTH

Status Given

CONFIDENCE TEST REACCEPTANCE TEST RED YELLOW WHITE

For Fire Protection System (FPS) Info – Attach separate FPS Report

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**

Booth Make or Designer: _____ Booth Model: _____
Booth Identification No. _____ Booth Location: _____
SFD ID No. _____ (Call 386-1448 for this No.)

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

This report form is designed to be attached to a fire suppression system report.
The items on the checklists below shall be inspected and tested.. Refer to the Seattle Fire Department Fire Code for inspecting and testing requirements. **2009 SFC Chap. 9 and Sec.1504**

Fire Protection System

TYPE OF FIRE PROTECTION SYSTEM Wet Sprinkler Chemical Clean Agent Other

ATTACH THIS REPORT TO THE FIRE PROTECTION SYSTEM'S CONFIDENCE TEST REPORT

PRE-TEST CHECK

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

SPRAY BOOTH SAFETY SYSTEMS

FIRE ALARM CONNECTION

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 1. The fire alarm system trips upon activation of the fire protection system | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|------------------------------|------------------------------|-----------------------------|

FIRE PROTECTION SYSTEM INTERLOCKS:

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| 2. All spraying equipment shuts down upon activation of the fire protection system.(FPS) | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. All drying equipment shuts down upon activation of the FPS | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Where activation of the FPS requires ventilation, the exhaust equipment remains running. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Where the FPS requires ventilation to be discontinued, the air makeup and exhaust systems shut down and dampers close. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. The sprinkler heads or other FPS nozzles are properly protected against paint buildup. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SPRAY BOOTH INTERLOCKS

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| 7. The spray equipment will not operate unless the ventilation system is running | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. The spray equipment will not operate when the drying system is in use. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. The ventilation system operates for at least 3 minutes prior to rendering any drying equipment operable. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. All drying equipment shuts down if the ventilation system fails. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. All drying equipment shuts down if the air temperature in the booth exceeds 200° F (93° C). | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

VENTILATION FILTERS & BOOTH INTERIOR

- | | | | |
|---|--|------------------------------|-----------------------------|
| | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. The spray booth walls, ceiling, filters, and fan blades are free of paint build up. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. The ventilation system provides an average velocity of 100 ft/min at a cross section within the booth or across the open face of the booth. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. The interior of the booth is free of deposits of overspray. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Glass panels or enclosures separating luminaries from the vapor area are unbroken and sealed. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

FINAL CHECKS

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| 16. The Fire Alarm was removed from test mode and/or other precautionary measures were removed to restore fire alarm system to normal operation (includes removal of temporary protective coverings). | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. The system was left in service.
If "No", why? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. The a 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 <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC and/or NFPA 25 reference:

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

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

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

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