

*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

**EMERGENCY GENERATOR**

**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**

Generator Make: \_\_\_\_\_ Generator Model: \_\_\_\_\_

Generator Identification No. \_\_\_\_\_ Generator 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 does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Seattle Fire Department Building Codes for inspecting and testing requirements. **Refs. Seattle Building Codes: SBC Sec. 403 (2009); SFC Sec. 604 (2009); NFPA 70 Sec. 700 & 701 (2008); NFPA 110 (2005); NFPA 111 (2005)**

**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"/> |
| 2. All signs, labels, and placards are in place and visible   |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**LOAD TEST**

**Generator Load Rating:** \_\_\_\_\_ **Amps** \_\_\_\_\_ **Volts** \_\_\_\_\_ **Hertz**  
**Test Results (full load):** \_\_\_\_\_ **Amps** \_\_\_\_\_ **Volts** \_\_\_\_\_ **Hertz**

This generator supplies power for: (check all that apply)

- Required Emergency Equipment Over Current Capacity \_\_\_\_\_ Amps  
 Legally required Equipment Over Current Capacity \_\_\_\_\_ Amps  
 Optional loads Over Current Capacity \_\_\_\_\_ Amps

**Total Over Current Capacity** \_\_\_\_\_ **Amps**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 3. The EG was operated for the annual test according to SFC Section 604.4 – 604.5, the manufacturer’s recommendations, and 2005 NFPA 110 Section 8.4.                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. All of the fire and life safety equipment requiring EG power was checked and operated properly.  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. The test results indicate that this generator provides adequate power to support all loads connected to it and/or sheds the Optional loads (Emergency, Legally Required, Optional) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**CONTROLS**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 6. The EG starts on power failure.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. The EG run light operates on the controller panel.                                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. The EG transfer switches operate correctly. Including load shedding if so equipped. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**MAINTENANCE**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| 9. The emergency generator (EG) maintenance record is posted.   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. The EG has been exercised once a month according to SFC Section 604.4 – 604.5, the manufacturer’s recommendations, and 2005 NFPA 110 Section 8.4. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**FUEL**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| 11. The EG has a fuel supply large enough to accommodate the longest minimum time required for the Emergency and/or Legally Required load while the generator is under full load.<br>Minimum fuel supply required to meet the above requirement: _____ gallons | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. The required annual ASTM approved fuel quality test is up-to-date.<br>Due date for the next fuel quality test. _____   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**FINAL CHECKS**

|   |                              |                              |                             |
|---|------------------------------|------------------------------|-----------------------------|
| 13. 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"/> |
| 14. The system was left in service.<br>If “No”, explain?  |                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

15. The confidence test report was given to the owner and a current status tag was posted on the generator controller. Yes  No

**DEFICIENCIES**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**SFC and/or NFPA 25 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**SFC and/or NFPA 25 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**SFC and/or NFPA 25 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**SFC and/or NFPA 25 reference:**

Resolved

Location: \_\_\_\_\_

Deficiency: \_\_\_\_\_

Recommended Resolution: \_\_\_\_\_

**SFC and/or NFPA 25 reference:**