

Confidence Testing Company

Name

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

SMOKE CONTROL SYSTEM

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 Designer: _____ System Type: Mechanical
Passive

System Identification No. _____ System 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** - _____

The System Status has been 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 Fire Code 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 . | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. All signs, placards, and labels are provided on doors and system controls. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

BREAKOUT GLASS (OBSOLETE)

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 3. The building has: Tempered Breakout Glass <input type="checkbox"/> Operable Windows <input type="checkbox"/> (do not complete questions 2 and 3 for operable windows) | N/A <input type="checkbox"/> | | |
| 4. The tempered breakout windows have 2-Inch white dots located on the lower 1/3 of each window. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. The tempered breakout windows are unobstructed. | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SMOKE REMOVAL GENERAL

- | | | | |
|---|------------------------------|------------------------------|-----------------------------|
| 6. The building smoke removal system operates on the activation of the fire alarm | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. The sequence of actions to activate the smoke control system is in the proper order so that no components of the system are damaged. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. The fans operate properly. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. The smoke and fire dampers work properly. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. The fans operate on emergency power. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. The fire dampers operate on emergency power. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. The fans work on manual controls.
Location of manual controls: _____ | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. The fire dampers work on manual controls. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. The smoke removal system provides six air changes per hour | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. List the measurement method and equipment used to test air flow. _____

(Attach results of air change tests)_____ | | | |

STAIRWAY AND ELEVATOR SHAFT PRESSURIZATION

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 16. Stair shafts have flush. CFM _____ | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Measurements were taken from atmospheric pressure | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Measurements were taken from shaft and the main occupied area. | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Static pressure _____ in. H ₂ O | | | |
| 20. Readings were taken at every 5 th floor | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Elevator shaft pressures measure 0.15 in H ₂ O or greater (non-sprinklered shaft) | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Elevator shaft pressures measure 0.10 in H ₂ O, (100% automatic sprinklered building) | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

23. Stair shaft pressures measure 0.15 in H ₂ O	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Life safety core type building has 0.05 in H ₂ O differential between pressurized core and tenant area	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. All doors (stairway and elevator) open and close correctly with fans running	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Gaskets are in good condition on stair and elevator doors	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PROVIDE THIS INFORMATION ON ALL FANS IN THE SYSTEM		
1. Rated voltage _____	2. Actual Operating Voltage _____	
3. Rated Amperage _____	4. Actual Operating Amperage _____	
5. Fan RPM _____	6. Number Fan Belts _____	
7. Fan Belts Condition _____		

FINAL CHECKS (ALL TESTING)		
FINAL CHECKS		
27. 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 protective coverings).	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Attach Report of All Measurements Taken

Deficiencies

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

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

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

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Location: _____
Deficiency: _____
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SFC reference:

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Location: _____
Deficiency: _____
Recommended Resolution: _____
SFC reference: