

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

STANDPIPE TYPE I II III / AUTOMATIC MANUAL / DRY WET / COMBINED

Status

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: **5-Year**

Riser Valve Make: _____ Riser Valve 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 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 may not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the **Seattle Fire Code (SFC) Chapter 9; SFC Administrative Rules 09.02.09, 9.03.09, and 9.06.07; and 2008 NFPA 25** 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. This is the only Standpipe System at this address. If "No" What is the unique ID number? (See SFC Ad Rule 9.02.09)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. All signs, placards, and labels are provided on doors and system controls.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

TESTING AND INSPECTION CHECKLIST

4. The bldg. is: Fully Sprinklered <input type="checkbox"/> Partially Sprinklered (i.e. basement or egress sys.) <input type="checkbox"/> Not Sprinklered <input type="checkbox"/>			
5. The standpipe is located in areas that could be damaged by water if a leak occurs, and passed the air pressure test at 25 psi (1.7 bar) prior to introducing water to the system.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. The standpipe passed the 5-year hydrostatic test in accordance with 2008 NFPA 25 Sec. 6.3.2 (manual dry standpipe systems and semi-automatic dry standpipe systems only)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. The inspector did not find recalled devices during the visual inspection. Note: This inspection is a cursory visual assessment from the floor level in accessible areas.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

FLOW TESTS

8. The required flow for this standpipe is: <input type="checkbox"/> 500 gpm @ 65 psi (installed prior to 1980) <input type="checkbox"/> 300 gpm @ 150 psi +/- 25 psi (Installed 1980-2005) <input type="checkbox"/> 300 gpm @ 175 psi +/- 25 psi (Installed after 2005) <input type="checkbox"/> 50 gpm @ 35 psi minimum (Class II)			
9. The standpipe passed the 5-year Flow Test. Static pressure: ____ p.s.i. Residual pressure: ____ p.s.i. Flow gpm ____ Last test date ____ Next test date ____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. For stand-alone automatic standpipes: The system passed the main drain test, done in accordance with 2008 NFPA 25 Chapter 13. A separate main drain test does not need to be done on standpipes combined with a sprinkler system that has already been tested.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Pressure regulating valves (PRV) provide acceptable flow and pressure. (Document results on separate page)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. The flow switch(es) operates properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. The flow alarm(s) operates properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Fire pump(s) started from roof flow.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OBSTRUCTION INVESTIGATION

15. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with 2008 NFPA 25 Chap. 14. (eff. 10/21/2012) Date for next FDC obstruction investigation _____ Note: This test is satisfied for combination standpipes when it is done for the automatic sprinkler system.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. The 5-year obstruction investigation for the FDC(s) included testing and operation of the check valve and auto drain in accordance with 2008 NFPA 25 Sec. 13.4.2	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GAUGES			
17. The maintenance on the system gauges is up-to-date. Due date for the next comparison test: _____ Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check can be done for multiple floors at static pressure using one calibrated gauge and hydraulic calculations.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	N/A <input type="checkbox"/>

VALVES AND HOSE CONNECTIONS			
18. The water supply control valves are secured or electronically supervised	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. The Fire Department Connection(s)(FDC) is clear of bushes, guards, or other debris and is visible from the street		Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. All FDCs have protective plugs or covers.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. If a plug or cover was missing from a FDC the piping was inspected for debris in accordance with 2011 NFPA 25 Sec. 13.7.2, 13.7.4, and Table 13.8.1	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. All swivels turn freely		Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. All hose connection valves/ports have a protective cap with a 1/8" relief hole		Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. All caps and plugs have at least 12" clearance for operating wrenches.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

RECALLS			
26. The inspector did not find recalled devices during the visual inspection. Note: the inspector's inspection is a visual cursory inspection from the floor level in accessible areas	Unk <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

TYPE II STANDPIPES			
27. The hose cabinet(s) is in acceptable condition in accordance with 2008 NFPA 25 Tables 6.1 and 6.2.2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. The hose storage device(s) is in acceptable condition in accordance with 2008 NFPA 25 Tables 6.1 and 6.2.2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. The hose is in acceptable condition in accordance with 2008 NFPA 25 Tables 6.1 and 6.2.2		Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. The nozzle is in acceptable condition in accordance with 2008 NFPA 25 Tables 6.1 and 6.2.2.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

FINAL CHECKS			
31. 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"/>
32. The standpipe was left in service.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. If "No", why. _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
34. The confidence test report was given to the owner and a current status tag was posted as proscribed in SFD Administrative Rule 09.02.09.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. 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: _____
SFC and/or 2008 NFPA 25 reference:

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

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

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

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

SEATTLE FIRE DEPARTMENT CLASS II STANDPIPE FIRE HOSE TEST

Occupancy Address: _____

Occupancy Name: _____

Building Owner: _____ **Phone Number:** _____

Responsible Person: _____ **Phone Number:** _____

Tester Name: _____ **SFD CERTIFICATION NUMBER:** _____

Date Of Inspection: _____

<i>HOSE LOCATION</i>	<i>SIZE</i>	<i>LENGTH</i>	<i>EVALUATION</i>	<i>TEST PSI</i>	<i>COMMENTS</i>
Ex. - Floor 3, west stairway	1"	75'	Good	150 psi	
Ex. - Floor 2, east stairway	1.5"	100'	Fair	150 psi	Hose is starting to discolor

Note: Unlined hose cannot be pressure tested and must be replaced with lined hose. [2007 NFPA 14 Sec. 4.6.2.1]

SEE Next Page for Instructions

CLASS II STANDPIPE FIRE HOSE TEST

Length –	Record the actual length of each piece of hose. Give the lineal measure to the closest five feet.
Size –	The inside diameter in inches.
Evaluation –	At the time of testing, fire hose will be evaluated by the tester and placed in one of the following three categories according to NFPA 1962:
Good –	The jacket is intact with no signs of wear and no leaks.
Fair –	The outer jacket is beginning to show signs of wear and no leaks
Poor –	The outer jacket is showing advanced signs of wear and small holes appear in the jacket and/or leaks.