



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

FIRE ALARM		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
Occupancy Information				
Premises Name:		Premises Address:		
Contact Name:		Contact Phone:		
Contact Address:		Contact Email:		
Central Station		Monitoring Company Name:		
Monitoring Req'd?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monitoring Company Phone:		
Fire Alarm Inventory (M-mandatory)				
Update inventory information below. All fields are mandatory at time of new system installation and encouraged for existing systems. After leaving this page, you will not be able to edit inventory, except by creating a new report.				
Dialer	<input type="checkbox"/> Internal <input type="checkbox"/> External	Reporting Type	<input type="checkbox"/> Zone <input type="checkbox"/> Point	<input type="checkbox"/> AES
NFPA 72 Edition (Year):		<input type="checkbox"/> Cellular	<input type="checkbox"/> Radio	
		Permit signed off?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit #:				
Approved plan set is uploaded to TCE and a copy of all required construction documents are stored in the document cabinet or at the FACP.				<input type="checkbox"/> N/A
Smoke Detector Sensitivity – Test Due Date (month/year):				
FACP & Annunciators				
Fire Alarm Control Panel/Unit Location (M):				
Fire Alarm Control Panel Manufacturer:		Fire Alarm Panel Model:		
FACP – location of key (M):		Annunciator location (M): <input type="checkbox"/> N/A		
Notification Power		Notification Power		
Expander(s) Installed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Expander(s) Location:		
Initiating Devices				
	<u># of devices/items</u>		<u># of devices/items</u>	
Beam detectors		Smoke detectors - Regular		
Duct detectors		Smokes – above ceiling		
Heat trace cable supervisory signals		Smokes – under floor		
Heats – above ceiling/attic		Sprinkler flow switches		
Heats – regular		Sprinkler valve tamper switches		
Heats – under floor		Thermal alarm wire (protector wire)		
High/low air switches		Other supervisory switches		
Pull stations (manual stations)				
Notification Appliances				
Bells, chimes		Low frequency sounders		
Exterior sprinkler alarm bell		Speaker strobes		
Horn/strobe combo		Speakers		
Horns only		Strobes only		
Auxiliary Equipment				
Auto door release		Fire/smoke dampers		
Auto door unlock		Gas Detection System		
Elevator recall		Generators		
Energy Storage System		Ventilation controls		
Fire doors		Other (DAS/VESDA, FARS...)		
Fire fighter phone jacks		Other (DAS/VESDA, FARS...)		
Fire fighter phone sets		Other (DAS/VESDA, FARS...)		
Stairway Door Locks				
Electric bolt		Other locking devices		
Electric strike				

Battery and Power Supply Info						
Location	Vendor Assigned ID	Charge Voltage	Battery Voltage	Load Voltage	Date	Size
Power Expander Panels Number of units						
Installing Contractor Information						
Company Name:			Phone:			
Address:			Emergency Phone:			
			Email:			
Inspector/Tester Information						
Inspector Name:						
Certification No.:						
Test Information						
Date of Test:						
Test Type: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Monthly						
Area of building tested and general description of testing performed on this report (text field)						
This is the final report for the testing year, indicating completion of 100% of the mandatory tests. <input type="checkbox"/> Yes <input type="checkbox"/> No (Reports confirming tests of 100% of devices must be submitted annually.)						
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 CURRENT FIRE CODE AND REFERENCED NFPA 72 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements. ONLY SELECT N/A FOR ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE.						
PRE-TEST CHECKS						
AVOID "FALSE ALARMS" TO FIRE DEPARTMENT BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions may cause preventable alarms.						
1	The building occupants were notified.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
2	The onsite supervisory station was notified.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
3	The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
GENERAL						
4	The key to the panel is available at the FACP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
5	The operating instructions are available at the FACP, cabinet, or other approved location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
6	Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
ALARM PANEL						
7	The FACP operates on AC power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
8	If the system has batteries, the FACP operates on Battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
9	If the system has emergency generator/standby power, the FACP operates on emergency generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
10	If the system has battery or standby power, the trouble indicators function properly and a trouble signal comes on with AC power off.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
INITIATING DEVICES AND NOTIFICATION APPLIANCES						
11	Initiating & notification appliances tested operate properly on AC power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
12	If system has generator/standby power, initiating and notification appliances tested operate properly on generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		
13	If system has batteries, initiating and notification appliances tested operate properly on battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A		

14	100% of the INITIATING DEVICES per circuit that were tested and included as part of this report were in accordance with the NFPA 72 Chapter 14 standards referenced by the current fire code.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Note: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to be tested annually. Records shall be kept to ensure that every detector is tested every five years.				
15	The sensitivity test for smoke detectors is up-to-date in accordance with NFPA 72 and the next required sensitivity test date has been entered in the prior Inventory section. (After passing the 2nd required calibration test, sensitivity may be calibrated once every 5 years [2019 NFPA 72 Sec 14.4.4.3]).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16	100% of the AUDIBLE NOTIFICATION APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2019 NFPA 72 Chapter 14.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17	The audible notification appliances tested operate at the levels required by NFPA 72.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18	The audible notification appliances tested in residential units generates the required minimum dBA at the pillow in the sleeping areas (60 or 75 dBA depending on code year).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
19	100% of the VISUAL NOTIFICATION APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2019 NFPA 72 Chapter 14. Only select N/A if no such devices in building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20	Positive alarm sequence programming and panel perform to standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
BATTERIES				
21	All batteries passed the load test.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
22	All batteries have been replaced within the last five years or per manufacturer's recommendation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
INTERFACE DEVICES				
The FACP received signals from the following Interface devices:		<input type="checkbox"/> Simulation	<input type="checkbox"/> Operation	
Tested by:				
23	Emergency Generator(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24	Flow Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
25	Supervisory Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
26	Range Hood Suppression System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
27	Dry Chemical System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
28	Clean Agent System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
29	Pre-action Systems(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
30	Fire Pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
31	CO2 System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
OTHER EQUIPMENT CONTROLLED BY FACP				
The following Fire Safety Functions responded to signals from the FACP:		<input type="checkbox"/> Simulation	<input type="checkbox"/> Operation	
Tested by:				
Note: This section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.				
32	Fan Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
33	Smoke & Fire Dampers and Combination Fire/Smoke Dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
34	Elevator Recall system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
35	Elevator Shunt Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Note: Fire alarm tech only tests/reports on elevator shunt switches that are connected to fire alarm.				
36	Shaft Pressurization System	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
37	Magnetic Door Holders (see inventory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
38	Door Lock Devices (see inventory)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
39	Stage Amplifier/Audio-Visual Shut Down	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40a	General alarm automatic time delay:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

40b	General alarm automatic time delay minutes:	_____	
41	Remote Annunciator Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
COMMUNICATION EQUIPMENT			
42	All fire fighter phone sets function properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
43	All fire fighter phone jacks function properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
44	All fire fighter phone indicating signals at the FACP work properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
45	The public address equipment at the FACP works properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
ALARM PANEL MONITORING			
46	A signal was received at the Central Station monitoring company. If no is checked, please include information in the TCE deficiency remarks regarding what is not being received (Alarm, Supervisory, Trouble). This will help the AHJ and contractors assess the severity of the deficiency/impairment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
STAIRWAY DOOR LOCKS [if no stairways in building, skip this section and proceed to final checks]			
	This building has stairways:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
47	All stairway door locking devices release simultaneously upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
48	All stairway door locking devices release simultaneously upon activation from the fire command center or inside main entrance of building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
49	The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
50	All of the doors appear to close and latch, or the responsible party has been advised of that issues were observed and their requirement to address the issues separate from the fire alarm ITM.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/> N/A	
FINAL CHECKS, MANDATORY TAGGING, AND REPORTS			
	Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)		
51	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on the fire alarm control panel indicating the system's status consistent with my inspection today.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	The color of the tag is:	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow
		<input type="checkbox"/> White	
52	I will provide a copy of the confidence test report to the owner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
53	I will submit this test report to the fire department through TCE.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.</p>			
<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)	
SIGNATURE (OPTIONAL)			
Signature of Technician			
Signature of Building Representative			
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