

Name

Confidence Test Report

Address

206-386-1448 Confidence Testing Officer

Phone

206-615-1068 (fax)

Here

206-233-7219 Red Tag Hotline

# SPRINKLER – WET SYSTEM

(One System per Report)

Certification Given

RED

YELLOW

WHITE

CONFIDENCE TEST

REPAIRS

Occupancy Address: \_\_\_\_\_

Occupancy Name: \_\_\_\_\_

Responsible Person  
First & Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Responsible Person  
Address, City, State, Zip: \_\_\_\_\_

Responsible Party  
E-Mail Address: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Inspection  
Frequency/Type: **Annual**

Testers Name  
(Please Print): \_\_\_\_\_

SFD Certification  
Number: SCP-\_\_\_\_\_

Identification  
Number: \_\_\_\_\_

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

Central station monitoring? Yes  No

Monitoring

Monitoring Required? Yes  No

Company Name: \_\_\_\_\_

System Make: \_\_\_\_\_

System Model: \_\_\_\_\_

**SEATTLE FIRE CODE VIOLATIONS FOUND:** (If additional room is needed, please add a separate sheet)

**CORRECTIONS MADE:** Date Corrected: \_\_\_\_\_ Corrected By: \_\_\_\_\_

(If additional room is needed, please add a separate sheet) SFD Certification Number: SCP - \_\_\_\_\_

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester: \_\_\_\_\_ Phone # \_\_\_\_\_

Building Representative (signature) \_\_\_\_\_

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.

## General

1. Main Drain and Inspector's Drain flow test conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Static pressure: _____ p.s.i. Flow pressure: _____ p.s.i.		
3. Number of Sprinkler Heads: _____		
4. 2-inch drain?	Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Flow switches, supervisory switches and alarm bells tested?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
6. Pressure regulating valves tested?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Alarm bell operates?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
8. System inspected and lubricated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Valves are sealed or supervised?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Signs are provided on valves?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Pumper connections and clapper valves unobstructed and turn freely?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Sprinkler coverage is acceptable?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Have the sprinkler heads been replaced or successfully sample test in the last 50 years? Date of last test: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Proper number of spare sprinkler heads available with appropriate wrenches for each?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. System left in service?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. System gauges replaced or calibrated within the last 5 years? Year changed: _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Was debris found in the Fire Department Connection (FDC)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Was the Fire Department Connection (FDC) back flushed within the last 5 years? Date of last back flush _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Was an internal pipe and valve inspection performed within the last 5 years? Date Performed _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Is the hydraulic nameplate installed and visible on riser, if No then Yellow Tag. (Ref: NFPA 25 5.2.7)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>