

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

SHAFT PRESSURIZATION				Certification Given		
(One System per Report)				RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>
CONFIDENCE TEST	<input type="checkbox"/>	REPAIRS	<input type="checkbox"/>			
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 <input type="checkbox"/>	No <input type="checkbox"/>	Monitoring Company Name:	_____		
Monitoring Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	System Model:	_____		
System Make:	_____					

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) _____

Fan Information		
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 _____		

Measurements Taken							
Floor	Inches H ₂ O		Floor	Inches H ₂ O		Floor	Inches H ₂ O
___	_____		___	_____		___	_____
___	_____		___	_____		___	_____
___	_____		___	_____		___	_____
___	_____		___	_____		___	_____

General		
1. Do stair shafts have flush? CFM _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Were measurements taken from atmospheric pressure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Were measurements taken from shaft and the main occupied area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. What was static pressure? _____ in. H ₂ O		
5. Were readings taken at every 5 th floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do fans operate when fire alarm is activated?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Do fans operate on emergency power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. If no sprinklers, is elevator shaft pressure 0.15 in H ₂ O or greater?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Do elevator shaft pressures measure 0.10 in H ₂ O, in 100% automatic sprinklered building?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. All doors (stairway and elevator) operate correctly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. System can be operated manually?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Does life safety core type building have 0.05 in H ₂ O between pressurized core and tenant area?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Are gaskets in good condition on stair and elevator doors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Do all dampers, controls work properly on shaft pressurization system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Do stair shaft pressures measure 0.15 in H ₂ O?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Measurements, Calculations and Comments:
