

Name

Confidence Test Report

Address

206-386-1448 Confidence Testing Officer

Phone

206-615-1068 (fax)

Here

206-233-7219 Red Tag Hotline

EMERGENCY GENERATOR

(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. | Starts on power failure: (Trip main disconnect for the emergency panel) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Volts _____ Amps _____ Hertz _____ (full load) | | |
| 3. | Is generator run light on? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Is maintenance record posted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Adequate fuel supply for 2 hours under full load (minimum)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. | Do transfer switches operate correctly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. | Is any non-emergency equipment connected to the generator? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Does all required fire and safety equipment operate on generator? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. | Does connected load exceed generator capacity? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Has the generator been exercised once a month? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Acceptance tests required copy of manufacturer's certification? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |