

Name

Confidence Test Report

Address

206-386-1448 Confidence Testing Officer

Phone

206-615-1068 (fax)

Here

206-233-7219 Red Tag Hotline

<h1>SPRAY BOOTH SYSTEM</h1>		Certification Given	
(One System per Report)		RED <input type="checkbox"/>	YELLOW <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: _____			
<u>SEATTLE FIRE CODE VIOLATIONS FOUND:</u> (If additional room is needed, please add a separate sheet)			
<u>CORRECTIONS MADE:</u> Date Corrected: _____ Corrected By: _____			
(If additional room is needed, please add a separate sheet) SFD Certification Number: SCP - _____			
<p>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.</p>			
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.

System Functionality

1. Trouble signal with AC power off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. System operates properly on battery backup?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Battery voltage (no load) _____ volts		
4. Battery voltage (full load) _____ volts (signals operating)		
5. Charge circuit voltage _____ volts		
6. System operates properly on standby power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All signals operate on AC power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Number of initiating circuits _____		
9. Number of signal circuits _____		
10. Does system meet audibility standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. All circuits checked for electrical supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
13. Key to panel available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Operating instructions at panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Elevator call down functions properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
16. Test record posted at panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Hoses checked for damage?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Are warning signs installed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
20. Was time delay tested for operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
21. Bells, Horns, Chimes	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Voice Speakers (Voice Clarity)	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. Smoke Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
24. Heat Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Duct Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Visual Alarm Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Manual Pull Stations	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Automatic Door Unlocks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Automatic Door Release	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Communication Equipment	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
30. Phone Sets	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Phone Jacks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Call-in Signal	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>