

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

DRY CHEMICAL SYSTEM		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		
Monitoring Required? Yes <input type="checkbox"/> No <input type="checkbox"/>	Company Name: _____		
System Make: _____	System Model: _____		
<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.

General

- | | | | |
|--|------------------------------|------------------------------|-----------------------------|
| 1. Are all surfaces protected? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Inspection and service tag on system cylinder? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. System has fired or been tampered with? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. All piping and conduit are immobilized with proper hangers and brackets? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Positioning of all nozzles is appropriate? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Nozzle caps in place? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Fuse links replaced? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Tested system operation from terminal link for proper operation? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Tested system operation with manual remote for proper operation? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Tested system operation and proper operation of micro switch? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. System components visible and free from obstructions? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Gas shuts down upon system activation? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Electric power shuts down upon system activation? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Cylinder hydro test conducted within last 12 years?
Hydro Test date _____ | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Pressure gauge present and in operational range? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Weight of CO2 or Nitrogen cartridge _____ | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. All lead and wire seals are intact? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Extinguisher in place and serviced? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Hood tied to building alarm panel? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 20. Hood activation signal received at building alarm panel? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Is System impaired by chemical buildup? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Cleaned By _____ | | | |
| 23. Date of last hood cleaning? _____ | | | |

Drawing of System (sketch of nozzles and appliances):

