

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

CO₂ 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			Phone Number:	_____		
First & Last Name:	_____		Responsible Party	_____		
Responsible Person			E-Mail Address	_____		
Address, City, State, Zip:	_____		Inspection	Annual		
Date of Inspection:	_____		Frequency/Type:			
Testers Name			SFD Certification	SCP-_____		
(Please Print):	_____		Number:			
Identification			System Location:	_____		
Number:	_____		Monitoring	_____		
Central station monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Company Name:	_____		
Monitoring Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>				
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) _____

General					
Extinguishing Agent _____					
Agent Bottles	#1	#2	#3	#4	#5
Design Weight	_____	_____	_____	_____	_____
Actual Weight	_____	_____	_____	_____	_____
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"/>
1. Battery voltage (no load)	_____	_____	_____	_____	_____
2. Battery voltage (full load)	_____	_____	_____	_____	_____
3. Charge circuit voltage	_____	_____	_____	_____	_____
3. System operates properly on standby power?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. All signals operate on AC power?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Number of initiating circuits	_____	_____	_____	_____	_____
5. Number of signal circuits	_____	_____	_____	_____	_____
5. Does system meet audibility standards?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. All circuits checked for electrical supervision?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. All auxiliary equipment operates (Elevators, fans, dampers)?			N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Key to panel available?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Operating instructions at panel?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Elevator call down functions properly?			N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Test record posted at panel?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Hoses checked for damage?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Are warning signs installed?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. Was a signal received at the Central Station monitoring company?			N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. 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		
15. Bells, Horns, Chimes	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Voice Speakers (Voice Clarity)	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Smoke Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Heat Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Duct Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. Visual Alarm Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
21. Manual Pull Stations	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
22. Automatic Door Unlocks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
23. 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		
24. Phone Sets	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Phone Jacks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Call-in Signal	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>