Seattle Fire Prevention Division

220 3rd Avenue S. Seattle, WA 98104-2608 Email: SFD_FMO_SystemsTesting@seattle.gov



System Inspection/Test Report							
CLEAN AGENT	STATUS						
Confidence Test Deficiency Repair Test	Red Vellow White						
Occupancy Information							
Occupancy Name:							
Occupancy Address:							
Contact Name:	Contact Phone:						
Contact Address:	Contact Email:						
Central Station Monitoring: Q Yes Q No	Monitoring Required:						
Monitoring Company Name:	Monitoring Company Phone:						
Inspection & Testing Agency Information							
Name:	Phone:						
Address:	Emergency Phone:						
	Email:						
Inspector/Tester Information							
Name:	Phone:						
SFD Certification No.: SCP							
Clean Agent System							
Date of Test:							
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 Fire Code used by the AHJ and adopted NFPA standard s 2001: Clean Agent Fire Extinguishing Systems for inspecting and testing requirements.							
GENERAL							
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.							
1. All signs, placards, and labels are provided on doors, syst circuits. (NFPA 2001-18 4.3.5.5, 4.3.5.5.1)	🗆 Yes 🗖 No						
2. Manufacturer's instructions and system design documents and testing. (NFPA 2001-18 8.2.1)	were used for inspections						
RECALLS							
The inspector did not find recalled devices during the visual inspection. Note: The inspector's inspection is a visual cursory inspection from the floor level in accessible							
areas.							
If no, identify type and location:							

ENCLOSURES, NOZZLES, PIPING, AND HOSE				
4. Enclosure was inspected for integrity. (NFPA 2001-18 8.4.5.1)		Yes		No
5. Enclosure penetrations are sealed. (NFPA 2001-18 8.5.4.1)		Yes		No
6. All hose was visually inspected and does not have visual damage or defects. (NFPA 2001-18 8.5.4.1)		Yes		No
7. All hose five years old and older has been tested in 5-year intervals in accordance with NFPA 2001 or replaced. (NFPA 2001-18 8.7.1)		Yes		No
CYLINDERS AND EXTINGUISHING AGENT	_			
8. For halocarbon clean agents, the quantity loss is <5% and the pressure loss is <10% in each cylinder from the required quantity and pressure of the extinguishing agent. For inert gas clean agents, the pressure loss is 5% or less. (NFPA 2001-18				
8.3.1)		Yes		No
9. There is an up-to-date log containing a record of semi-annual checks for the agent quantity and pressure on each cylinder. (NFPA 2001-18 8.3.7)		Yes		No
10. All cylinders with an unacceptable quantity loss were refilled or replaced. (NFPA 2001-18 8.3.2, 8.3.4)		Yes		No
11. All cylinders are inspected and tested according to NFPA 2001 at the proper intervals. (2001-18 8.6.1.1, 8.6.1.2, 8.6.2)		Yes		No
INITIATING AND ALERTING COMPONENTS				
12. All detection/initiating devices respond properly when tested.		Yes		No
13. All alarm functions take place upon receipt of a signal from the detection devices.		Yes		No
14. All alerting devices work properly.	_	Yes		No
15. All supervised circuits send the proper signals to the control panel.		Yes		No
16. All Manual pull stations are readily accessible, accurately identified, and properly		165		INU
protected to prevent damage. (NFPA 2001-18 7.6.12.3)		Yes		No
RELEASE DEVICES				
17. The automatic release device(s) work properly, including pre-discharge time delays. (Note: Confidence testing of the release device does not require release of the clean agent after the initial full discharge acceptance test. However, full discharge tests may be required after changes to the protected area or system.)		Yes		No
18. All manual stations used to release agents work properly and require two separate and distinct actions for operation. (NFPA 2001-18 7.6.12.5)		Yes		No
ABORT DEVICES				
19. The manual abort switch is a dead-man type switch and functions properly. (NFPA 2001-18 7.6.14)		Yes		No
AUXILIARY FUNCTIONS				
20. All auxiliary functions such as alarm-sounding or displaying devices, remote annunciators, air-handling shutdown, damper operation, and power shutdown operate properly in accordance with system requirements and design specifications. (NFPA 2001-18 7.6.6)		N		Nie
21. The alarms can be silenced, when allowed, without affecting other system		Yes	4	No
functions. (NFPA 2001-18 7.6.7)		Yes		No
SYSTEM MONITORING				
22. The control panel sends the proper signals to the remote FACP. (NFPA 2001-18 7.7.3)		Yes		No
23. The fire protection system, including the alarm system, works correctly on standby power during a simulated power failure. (NFPA 2001-18 7.7.4)		Yes		No
24. A signal was received at the Central Station monitoring company. (NFPA 2001-18 7.7.3.2, 7.7.3.3)		Yes		No

TRAINING						
25. There is documentation that all personnel working in enclosures protect clean agent system have received up-to-date training regarding clean agent issues. (NFPA 2001-18 7.9.2)		Yes	No			
FINAL CHECKS						
Put the Fire Alarm System back into service and/or other precautionary measystem to normal operation (includes removal of protective coverings).	asures that were	made to	restore fire alarm			
26. The system was left in service.		Yes	D No			
27. The confidence test report will be given to the owner in either electronic form and a status tag was posted on the clean agent system.	c or paper	Yes	No			
By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.						
I am authorized to submit this report for the certified technician who has accepted this statement.						
SIGNATURE (OPTIONAL)						
Signature of Technician Signature of Building Representative						

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