

# Seattle Fire Prevention Division

220 3<sup>rd</sup> Avenue S.

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## System Test Report

STANDPIPE		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White

### Occupancy Information

Occupancy Name:	
Occupancy Address:	
Contact Name:	Contact Phone:
Contact Address:	Contact Email:
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
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-_____	

### Standpipe

Date of Test:

The items on the checklists below shall be inspected and tested. This list may 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 Chapter 9, related regulations, and NFPA 25 for inspecting and testing requirements.

### PRE-TEST CHECKS

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 and system controls.  Yes  No

### TESTING AND INSPECTION CHECKLIST

2. The bldg. is:	<input type="checkbox"/> Fully Sprinklered	<input type="checkbox"/> Partially Sprinklered	<input type="checkbox"/> Not Sprinklered
3. The standpipe is located in areas that could be damaged by water if a leak occurs, and passed the air pressure test at 25 psi (1.7 bar) prior to introducing water to the system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. The standpipe passed the 5-year hydrostatic test in accordance with NFPA 25 (manual dry standpipe systems and semi-automatic dry standpipe systems only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. The inspector did not find recalled devices during the visual inspection. Note: This inspection is a cursory visual assessment from the floor level in accessible areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

If no, identify type and location:

**FLOW TESTS**

6. The required flow for this standpipe is:  500 gpm @ 65 psi (installed prior to 1980)  300 gpm @ 150 psi +/- 25 psi (installed 1980-2005)  300 gpm @ 175 psi +/- 25 psi (installed after 2005)  50 gpm @ 35 psi minimum (Class II)

7. The standpipe passed the 5-year Flow Test.  Yes  No

8. For stand-alone automatic standpipes: The system passed the main drain test, done in accordance with NFPA 25 Chapter 13. A separate main drain test does not need to be done on standpipes combined with a sprinkler system that has already been tested.  Yes  No  N/A

9. Pressure regulating valves (PRV) provide acceptable flow and pressure. (Document results on separate page).  Yes  No

10. The flow switch(es) operates properly.  Yes  No

11. The flow alarm(s) operates properly.  Yes  No

12. Fire pump(s) started from roof flow.  Yes  No  N/A

**OBSTRUCTION INVESTIGATION**

13. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14.  Yes  No  N/A

Date of Test, If Known: \_\_\_\_\_

Note: This test is satisfied for combination standpipes when it is done for the automatic sprinkler system.

14. The 5-year obstruction investigation for the FDC(s) included testing and operation of the check valve and auto drain in accordance with NFPA 25  Yes  No  N/A

**GAUGES**

15. The maintenance on the system gauges is up-to-date.  Yes  No

Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check can be done for multiple floors at static pressure using one calibrated gauge and hydraulic calculations.

**VALVES AND HOSE CONNECTIONS**

16. The water supply control valves are secured or electronically supervised.  Yes  No

17. The Fire Department Connection(s)(FDC) is clear of bushes, guards, or other debris and is visible from the street.  Yes  No

18. All FDCs have protective plugs or covers.  Yes  No

19. If a plug or cover was missing from a FDC the piping was inspected for debris in accordance with NFPA 25.  Yes  No

20. All swivels turn freely.  Yes  No

21. All hose connection valves/ports have a protective cap with a 1/8" relief hole.  Yes  No

22. All caps and plugs have at least 12" clearance for operating wrenches.  Yes  No

**MONITORING**

23. A signal was received at the Central Station monitoring company.  Yes  No  N/A

**RECALLS**

24. 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.  Yes  No

If no, identify type and location:

**TYPE II STANDPIPES**

- 25. The hose cabinet(s) is in acceptable condition in accordance with NFPA 25.  Yes  No  N/A
- 26. The hose storage device(s) is in acceptable condition in accordance with NFPA 25.  Yes  No  N/A
- 27. The hose is in acceptable condition in accordance with NFPA 25.  Yes  No  N/A
- 28. The nozzle is in acceptable condition in accordance with NFPA 25.  Yes  No  N/A

**FINAL CHECKS**

Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)

29. The standpipe was left in service.  Yes  No

30. A current status tag was posted as proscribed in SFD Administrative Rule 09.02.08, and a copy of the confidence test report will be provided to the owner.  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 am authorized to submit this report for the certified technician who has accepted this statement.

**SIGNATURE (OPTIONAL)**

Signature of Technician

Signature of Building Representative

**System Testing Reports Must Be Submitted Online**

Submit reports to <http://www.thecomplianceengine.com/>