

# Seattle Fire Prevention Division

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

Seattle, WA 98104-2608

Email: SFD\_FMO\_SystemsTesting@seattle.gov



<b>System Test Report</b>				
<b>FIRE PUMP</b>		<b>STATUS</b>		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
<b>Occupancy Information</b>				
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:		
<b>Fire Pump Inventory (Required for 1<sup>st</sup> report to TCE and/or replacement of pump)</b>				
Type of Pump (electrical, diesel, etc):				
Pump Manufacturer:		Model #:		
Fire Pump Room/Location:		Serial #:		
Rated Capacity (RC):		Rated RPM:	Rated PSI/FT:	
<b>Inspection &amp; Testing Agency Information</b>				
Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
<b>Inspector/Tester Information</b>				
Name:		Phone:		
SFD Certification No.: SCP-_____				
<b>Fire Pump</b>				
Date of Test:				
The items in 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(s). Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 25 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly requirements for inspection and testing				
<b>PRE-TEST CHECKS</b>				
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. Routine maintenance is being performed (including weekly pump tests w/0 flow) and records are being kept in accordance with NFPA 20 and NFPA 25		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. The suction screens were inspected and cleared. NFPA 25-20 8.3.3.15		<input type="checkbox"/> Yes <input type="checkbox"/> No		

3. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>ELECTRIC PUMP</b>				
4. The electric pump ran properly for a minimum 10 minutes. (NFPA 25-20 8.3.2.3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Electrical connections were inspected and repaired as necessary. (NFPA 25-20 8.1.1.2.2.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>DIESEL PUMP</b>				
6. Oil level is OK. (NFPA 25 8.2.2 (4))	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Coolant level is full.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. The hydrometer reading indicates that the antifreeze protection is adequate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. The fuel filter/strainer was serviced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
10. The diesel engine/pump operated properly for a minimum 30 minutes. (NFPA 25-20 8.3.2.4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
<b>PUMP CONTROLLER(S)</b>				
11. The fire pump controller is listed and operates according to NFPA 20 standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
12. The controller regulates the jockey pump as required by NFPA 20	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
13. The controller regulates the fire pump as required by NFPA 20	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>PUMP TEST</b>				
14. When the Pump starts from pressure drop the start pressure is 5 psi below the start point of the jockey pump.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
15. The pump runs smoothly without unusual noise or vibration. (For standards regarding pump vibration see Hydraulics Institute Standards for Centrifugal, Rotary and Reciprocating Pumps – Ref. NFPA 20 6.5.2 and 14.2.6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
16. If due, the gauges passed a 5-year pressure gauge comparison test with a calibrated gauge and were recalibrated or replaced if necessary.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
Date of Test: _____				
17. The pump performs at its rated capacity (RC) and at 150% of its RC (or the capacity that the supply will accommodate above the RC if it is less than 150%). (NFPA 20-19 14.2.6.3.4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
	Churn	100 % RC	150% RC	
Actual Test RPM				
	Test Capacity (100%)	Test Peak Flow gpm (150%)		
Pitot or Flowmeter Reading				
	Pre-test psi	Churn psi (0 flow)	RC psi	150% RC psi
PSI Reading on Discharge Gauge				
	Pre-test psi	Churn psi (0 flow)	RC psi	150% RC psi
PSI reading on Suction Gauge				
18. Hose size in.:				
19. Tip size in.:				
20. Hose length ft.:				
21. The shaft seals are dripping water properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
22. The system pressure relief valve operates properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
23. The Casing relief valve operates properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
24. Pump activation reports to panel and panel identifies pump activation correctly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<b>TRANSFER SWITCH</b>				
25. A simulated power failure during peak flow automatically activated the transfer switch within 10 seconds. IFC 1203.1.4	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
26. After the automatic connection was made to an alternate power source peak flow was redelivered.	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

27. The manual emergency transfer equipment operated properly during peak flow and peak flow was redelivered.  Yes  No

**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).

28. The confidence test report will be given to the owner in either electronic or paper form and a status tag was posted on the fire pump system.  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 or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf 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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