



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

EMERGENCY GENERATOR		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-			
Emergency Generator 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 Building Code and Fire Code of the AHJ and NFPA 70, 110, and 111, and the manufacturer's instructions for inspecting and testing requirements.			
PRE-TEST CHECK			
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, labels, and placards are in place and visible. <input type="checkbox"/> Yes <input type="checkbox"/> No			
LOAD TEST			
	Amps	Volts	Hertz
Generator Load Rating			
Test Results (full load)			
	This generator supplies power for	Over Current Capacity (Amps)	
Required Emergency Equipment			
Legally required Equipment			
Optional loads (NFPA 110-19 7.1.5)			
Total Over Current Capacity (Amps): NFPA 110-19 6.5.3			
2. The EG was operated for the annual test according to Fire Code Sections 1203.4 and 1203.5, the manufacturer's recommendations, and NFPA 110 Section 8.4. <input type="checkbox"/> Yes <input type="checkbox"/> No			

3. The test results indicate compliance with section 8.4 of NFPA 110-19 regarding operational inspection and testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONTROLS		
4. The EG starts on power failure. NFPA 110-19 8.4.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. The EG run light operates on the controller panel. NFPA 110-19 Annex A (3) ii	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The EG transfer switches operate correctly. Including load shedding if so equipped. NFPA 110-19 6.2.1, 6.2.11.1, 8.3.4 and NFPA 111-19 Chap. 6.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAINTENANCE		
7. The emergency generator (EG) maintenance record is posted. NFPA 110-19 8.5	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8. The EG has been exercised once a month according to Fire Code Section <u>1203.4 and 1203.5</u> , the manufacturer's recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FUEL		
9. The EG has a fuel supply large enough to accommodate the longest minimum time required for the Emergency and/or Legally Required load while the generator is under full load. (NFPA 110-19 7.9)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. The required annual ASTM approved fuel quality test is up-to-date. (NFPA 110-19 8.3.7)	<input type="checkbox"/> Yes	<input type="checkbox"/> 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)		
11. The system was left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12. The confidence test report was given to the owner and a current status tag was posted on the generator controller.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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		

System Testing Reports Must Be Submitted Online

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