



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

SYSTEM TEST REPORT

SPRINKLER		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				
Premises Name:		Premises 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:		
Location of Monitoring Panel:				
Sprinkler Inventory (M-mandatory)				
Fields are mandatory for new systems, optional for existing systems, except where indicated.				
<i>System Info</i>				
System Types (select all that apply) (M):				
Describe system: (Example: 2 dry risers and 1 pre-action)				
Pipe schedule or hydraulic calculated?	<input type="checkbox"/> Pipe schedule	<input type="checkbox"/> Calculated	<input type="checkbox"/> N/A	
Describe what areas are covered, and note any areas not covered:				
Original Time for Water to Inspectors Test (trip, flood system, and get out of port) from Acceptance Test (for subsequent 3 year full wet trip test results see individual test reports):				
Testing Frequency (M)	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Semi-annual	<input type="checkbox"/> Annual
<i>Due Dates</i>				
Standard Sprinkler Heads Sample Testing				
Test performed date (month/year):		Next Due Date (month/year):		
Quick Response Sprinkler Heads Sample				
Test performed date (month/year):		Next Due Date (month/year):		<input type="checkbox"/> None
Dry Type Sprinkler Heads Sample Testing				
Test performed date (month/year):		Next Due Date (month/year):		<input type="checkbox"/> None
Full Wet Trip Test (every 3 years)				
Test performed date (month/year):		Next Due Date (month/year):		
Gauge Comparison Test				
Last Test Date (month/year):		Next Due Date (month/year):		
FDC Obstruction Investigation				
Last Test Date (due every 5 years):				
Piping Obstruction Examination				
Last Test Date (due every 5 years):				
<i>Riser Info</i>				
Riser Number (assign each standpipe riser a unique sequential number like 1, 2, 3...) (M):				
Riser Type (M):	<input type="checkbox"/> Wet <input type="checkbox"/> Dry	Riser Location (M):	<input type="checkbox"/> N/A	
Riser Diameter:	<input type="checkbox"/> N/A	Main Drain Diameter:	<input type="checkbox"/> N/A	
Initial Static Pressure at the base of the riser (from the Acceptance Test):	<input type="checkbox"/> N/A	Initial Residual Pressure from Main Drain Test at base of the riser (from Acceptance Test):	<input type="checkbox"/> N/A	

Inspection & Testing Agency Information							
Company Name:		Phone:					
Address:		Emergency Phone:					
		Email:					
Inspector/Tester Information							
Inspector Name:							
Certification No.:							
Test Information							
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 CURRENT FIRE CODE AND REFERENCED NFPA 25 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements.							
PRE-TEST CHECKS							
AVOID "FALSE ALARMS" TO FIRE DEPARTMENT 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.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
2	There is an up-to-date log of any required inspections and testing of the system(s) listed in inventory above.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
SPRINKLER HEADS							
3	All sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage. Exception: sprinkler heads in NFPA 25 "concealed" spaces do not require inspection.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
4	The sprinkler coverage appears to be OK per NFPA standards.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
5	The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If "No", have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. If tested or replaced, contractors must also add date information in inventory section of this report.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
6	The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If "No", have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. If tested or replaced, contractors must also add date information in inventory section of this report.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
7	The dry type sprinkler heads are less than 15 years old or within a prescribed testing period. If "No", have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. If tested or replaced, contractors must also add date information in inventory section of this report.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
8	The proper number of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
HEAT ACTIVATED DEVICES							
9	Heat actuation devices function on pre-action and deluge systems.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
FLOW TESTS							
10	The system(s) passed the Main Drain flow test when performed at the base of each riser.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
11	The Main Drain is the proper size.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Riser	Riser location	Static pressure at base of riser (psi)	Flow pressure at base of riser (psi)	Return to static pressure (min/sec)			

ALARMS AND SUPERVISORY DEVICES			
12	Panel identifies flow switch activation correctly. Only use N/A if sprinkler is not monitored by a fire alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
13	All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly. Only use N/A if sprinkler is not monitored by a fire alarm.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
VALVES			
14	Sprinkler control valve pressure regulating valves (PRVs) are set properly. For hose PRVs see 5 YEAR section.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
15	All supply valves are secured or supervised.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16	All supply valves have been lubricated (where required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17	The maintenance on the system gauges is up-to-date.	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 should be done for multiple floors at static pressure using one calibrated gauge and hydraulic			
5 YEAR TESTS INCLUDING OBSTRUCTION INVESTIGATION			
18	The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with NFPA 25 Chap. 14.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
19	The 5-year hose PRV test is up-to-date in accordance with NFPA 25.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
20	The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14. Date of Test, If Known: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
21	The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
FIRE DEPARTMENT CONNECTIONS			
22	The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
23	All FDCs have protective plugs or covers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
24	If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
25	All caps and plugs have at least 12" clearance for operating wrenches.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
26	All swivels turn freely.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
RECALLS			
27	The inspector did not find recalled devices during the visual inspection. Answer "NO" to trigger a deficiency due to devices under recall. Note: the technician's inspection is visual and from the floor level in accessible areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ALARM MONITORING			
28	A signal was received at the Central Station monitoring company.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
FOAM GENERATING EQUIPMENT			
29	Control valves, including all automatic and manual actuating devices operate properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
30	All control valves are secured or supervised.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
31	Supervisory switches operate properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
32	The alarm indication device operates properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
33	Alarm bells operate properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
34	All of the proportioning devices, their accessory equipment, and foam makers have been inspected, tested, and are functioning properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
35	A sample of the foam concentrate was sent to a testing laboratory and passed the analysis.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
36	The above-ground piping is in good condition and drains properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

37	The Underground piping has been spot-checked for deterioration within the last 5 years as required by 2016 NFPA 11 Sec. 12.3.3	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
38	All the strainers have been inspected and cleaned quarterly (by maintenance) and as necessary during confidence testing.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
DRY SPRINKLER SYSTEMS				
39	Air compressor(s) refills system in 30 minutes or less.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40	The system's low points were drained and the system was restored to service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
System	System location	System tripped in (seconds)		
41	The system(s) passed the trip test. (Also compare to values at time of system acceptance (preferred) or other previous test result as stored in inventory section.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
42	This service visit included full wet trip test? Next full trip test due date: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
43	The systems reported on this test are current and not past due for the full trip test.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
FINAL CHECKS, MANDATORY TAGGING, AND REPORTS				
Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)				
44	The system was left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
45	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on or adjacent to the sprinkler control valve indicating the system's status consistent with my inspection today. The color of the tag is:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Red <input type="checkbox"/> Yellow <input type="checkbox"/> White
46	I will provide a copy of the confidence test report to the owner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
47	I will submit this test report to the fire department through TCE.	<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. 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.				
<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)		
SIGNATURE (OPTIONAL)				
Signature of Technician				
Signature of Building Representative				

System Testing Reports Must Be Submitted Online

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