

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

SPRINKLER – DRY SYSTEM				Certification Given		
(One System per Report)				RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>
CONFIDENCE TEST	<input type="checkbox"/>	REPAIRS	<input type="checkbox"/>			
Occupancy Address:	_____		Occupancy Name:	_____		
Responsible Person First & Last Name:	_____		Phone Number:	_____		
Responsible Person Address, City, State, Zip:	_____		Responsible Party E-Mail Address	_____		
Date of Inspection:	_____		Inspection Frequency/Type:	Annual		
Testers Name (Please Print):	_____		SFD Certification Number:	SCP-_____		
Identification Number (Required):	_____		System Location:	_____		
Central station monitoring?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Monitoring	_____		
Monitoring Required?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Company Name:	_____		
System Make:	_____		System Model:	_____		

SEATTLE FIRE CODE VIOLATIONS FOUND: (If additional room is needed, please add a separate sheet)

CORRECTIONS MADE: Date Corrected: _____ Corrected By: _____
 (If additional room is needed, please add a separate sheet) SFD Certification Number: SCP - _____

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in this report and is consistent with Seattle Fire Department Fire Code standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.

Signature of Tester: _____ Phone # _____

Building Representative (signature) _____

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 Seattle Fire Department Fire Code for inspecting and testing requirements.

General

1.	Trip test conducted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	System tripped in _____ seconds.			
3.	Main Drain and Inspector's Drain flow test conducted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Static pressure: _____psi			
5.	Number of Sprinkler Heads? _____			
6.	2-inch drain?	Other <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Flow switches, supervisory switches and alarm bells tested?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Alarm bell operates?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Air compressor refills system in 30 minutes or less?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Heat actuation devices tested on pre-action and deluge systems?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	System inspected and lubricated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Valves are sealed or supervised?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Signs are provided on valves?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Pumper connections and clapper valves unobstructed and turn freely?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Sprinkler heads replaced or successfully sample tested in last 10 years? Date of last test: _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
16.	Sprinkler coverage is acceptable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17.	Proper number of spare sprinkler heads available with appropriate wrench for each?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18.	System left in service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
19.	System gauges replaced or calibrated within the last 5 years? Year changed: _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
20.	Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
21.	System drained and restored to normal operation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
22.	Was debris found in the Fire Department Connection (FDC)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
23.	Was the Fire Department Connection (FDC) back flushed in the last 5 years? Date of last back flush _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>
24.	Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
25.	Is the hydraulic nameplate installed and visible on riser, if No then Yellow Tag. (Ref: NFPA 25 5.2.7)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
26.	Was an internal pipe and valve inspection performed within the last 5 years? Date Performed _____		Yes <input type="checkbox"/>	No <input type="checkbox"/>