

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

<h1>FOAM SYSTEM</h1>		Certification Given	
(One System per Report)		RED <input type="checkbox"/>	YELLOW <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: _____	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. All the proportioning devices, their accessory equipment and foam makers have been inspected and in good condition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. The above-ground piping has been inspected for proper condition and drainage? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. All the strainers have been inspected and cleaned as necessary? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Control valves, including all automatic and manual actuating devices, have been tested for proper operation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. The foam concentrate and its tank or storage containers have been inspected for excessive slugging or deterioration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. A pressure test has been conducted on normally dry piping? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. The underground piping has been spot-checked for deterioration? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. An actual flow test, using foam was conducted? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Operating and maintenance instructions are posted at control equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Foam system activation signal received at building alarm panel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Foam concentrate sample submitted for testing to testing facility?
_____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Manual activation devices tested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Operation discharge time lapse between detection systems and water delivery to protected area? | Time _____ | _____ |
| 14. Backflow preventer(s) tested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Corrosion and hydrostatic test performed every 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Ball drip drain valves tested? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Foam system flushed and returned to full operation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Foam concentrate tank drained and flushed every 10 years? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. There are trained personnel on site to operate the equipment? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |