

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

FIRE PUMP SYSTEM

(One System per Report)

Certification Given

RED

YELLOW

WHITE

CONFIDENCE TEST

REPAIRS

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 No

Monitoring
Company Name: _____

Monitoring Required? Yes No

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.

Electric Pump			
1. Starting Amperage	Leg 1 _____	Leg 2 _____	Leg 3 _____
2. Running Amperage	Leg 1 _____	Leg 2 _____	Leg 3 _____
3. Was electric pump run for a minimum 10 minutes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diesel Pump			
4. Diesel fuel tank at least 2/3 full?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Batteries fully charged?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Oil level full?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Coolant level full?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Antifreeze protection adequate?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Fuel filter/strainer serviced?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Was diesel pump run for a minimum 30 minutes?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pump Controller/s			
11. Fire pump controller in service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Controller voltage _____ VDC Interrupting-Capacity _____ amps:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Jockey pump controller in service?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pump Test			
14. Pump in service on inspection?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Pump starts from pressure drop?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Cut-in Pressure _____ psi Cut-out Pressure _____ psi			
17. Was 300 GPM flow conducted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. Pressure gauges replaced or calibrated every 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. Static pressure _____ psi			
20. Discharge _____ psi Suction _____ psi			
21. Hose size: _____ in. Tip size: _____ in. Hose length: _____ ft.			
22. Pitot reading: _____ GPM: _____			
23. Churn suction _____ psi Churn discharge _____ psi			
24. Has pump been tested weekly?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
25. Jockey pump tested?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
26. Shaft seals dripping water properly (1 drop per second)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
27. Pressure relief valve checked for proper operation?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Fire pump connected to fire alarm panel?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Suction screens inspected and cleared?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Routine maintenance is performed and records kept?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transfer Switch			
31. Power failure simulated during peak flow for automatic transfer switch activation?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Connection made to alternate source?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Emergency manual starting means operated without power?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>