

Name _____

Confidence Test Report

Address _____

206-386-1448 Confidence Testing Officer

Phone _____

206-615-1068 (fax)

Here _____

206-233-7219 Red Tag Hotline

<h2 style="margin: 0;">STAIRWAY DOOR LOCKS</h2> <p style="margin: 0;">(One System per Report)</p>		<p style="margin: 0;">Certification Given</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;"> RED <input type="checkbox"/> </td> <td style="width: 33%; text-align: center;"> YELLOW <input type="checkbox"/> </td> <td style="width: 33%; text-align: center;"> WHITE <input type="checkbox"/> </td> </tr> </table>		RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>
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: _____		System Location: _____				
Central station monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>		Monitoring Company Name: _____				
Monitoring Required? Yes <input type="checkbox"/> No <input type="checkbox"/>		System Model: _____				
System Make: _____						
<u>SEATTLE FIRE CODE VIOLATIONS FOUND:</u> (If additional room is needed, please add a separate sheet)						
<u>CORRECTIONS MADE:</u> 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.

System Functionality

1. Number of Stories _____		
2. Do all locking devices release upon activation of the fire alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do all locking devices release upon power failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Does door to roof unlock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Are there any fuses in the locking circuitry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Do doors unlock but not unlatch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Is there an access key at the control panel for doors that fail to unlock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Will all of the doors open properly when locking device is released?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
9. Electric Strike	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Electronic Bolt	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Other Locking Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>