

Name

Confidence Test Report

Address

206-386-1448 Confidence Testing Officer

Phone

206-615-1068 (fax)

Here

206-233-7219 Red Tag Hotline

SMOKE CONTROL/ TEMPERED WINDOWS

(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

Monitoring Required? Yes No

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.

BREAKOUT GLASS

1.	2-Inch white dots located on lower 1/3 of window?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Breakout windows located at approximately 50 feet Intervals around building perimeter?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Tempered windows are unobstructed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Tempered windows on all floor levels above first floor?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Building has operable windows?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

SMOKE REMOVAL

6.	Building has smoke removal fans?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Smoke removal system operates on fire alarm?	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Building has fire dampers?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Fire dampers operate on fire alarm?	N/A	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Fire dampers operate on manual control?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Systems operate on emergency generator?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Does the smoke removal system provide six air changes per hour?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	How Measured? (show calculations) _____ _____			