

Name

425-489-2700 Switchboard

Address

425-877-2273 Fire Inspector

Phone

425-877-2297 Fire Plans Examiner

email

FIRE ALARM

Status Given

CONFIDENCE TEST []

REACCEPTANCE TEST []

RED []

YELLOW []

WHITE []

System Failure

A Non-Compliant System

Compliant

Occupancy Address: _____

Occupancy Name: _____

Responsible Person First & Last Name: _____

Phone Number: _____

Responsible Person Address, City, State, Zip: _____

Responsible Party E-Mail Address: _____

Technician's Name (Please Print legibly) _____

Certification No. _____

Date of Test: _____

Test Frequency: Quarterly [] (High-rise Only) Annual []

System Make: _____

System Model: _____

System Identification No. _____

System Location: _____

Reporting Type: Phone [] Radio []

Installation Date: _____

Central station monitoring? Yes [] No []

Monitoring Company

Monitoring Required? Yes [] No []

Name _____

DEFICIENCIES FOUND? Yes [] No [] List items that were not corrected at the time of the confidence test. Use the Deficiencies section or attach itemized sheet

REPAIRS: All deficiencies have been corrected []

Corrected By: _____ Certification Number: _____

System Status changed to White (including the tag on the system) []

This certifies that this fire protection system has been properly inspected for functional operation in accordance with the International Fire Code (IFC), Administrative Rules, and NFPA Standards adopted by the City of Woodinville for this system. Discrepancies, if found, are noted in the report and have been reported to the building Owner/Manager for corrective action.

Signature of Technician _____ Phone # _____

Name of Testing Company _____

Building Representative (signature) _____ Date _____

Print Name and Title _____ Direct Phone # _____

Building Rep unavailable [] Building Rep declined to sign report []

THIS REPORT WILL BE SENT TO THE CITY OF WOODINVILLE BY THE TESTING AGENCY IN ACCORDANCE WITH THE INTERNATIONAL FIRE CODE SECTION 104.6

ALL DEFICIENCIES RECORDED ON THIS REPORT SHALL BE CORRECTED WITHIN 30 DAYS OF THE TEST DATE

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 **2012 International Fire Code (IFC) Section 907, Section 510 and 2010 NFPA 72** for inspecting and testing requirements.

PRE-TEST CHECK			
Prior to starting work precautions were taken to prevent an alarm from going to the fire department by making notification of the test to: (check all that apply)			
1. The building occupants	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. The onsite supervisory station	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. The Central Station Monitoring Service	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

GENERAL			
4. The key to the panel is available at the FACP.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. The operating instructions are available at the FACP.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. The FACP room is signed correctly and a Knox box is in close proximity.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

ALARM PANEL			
8. All signals on the FACP operate on AC power.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. All signals on the FACP operate on Battery power.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. All signals on the FACP operate on emergency generator/standby power	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. The trouble indicators function properly and a trouble signal comes on with AC power off.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

INITIATING DEVICES AND ALARM APPLIANCES			
NUMBER OF DEVICES: (TOTAL/TESTED) SMOKE ___/___ HEAT ___/___ DUCT ___/___ BEAM ___/___			
12. All initiating and annunciating devices tested operate properly on AC power.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. All initiating and annunciating devices tested operate properly on generator/standby power.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
14. All initiating and annunciating devices tested operate properly on battery power.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. 100% of the INITIATING DEVICES per circuit were tested in accordance with 2010 NFPA 72 Chapter 10. (Note: 2 or 20%, whichever is greater, of restorable fixed-temperature spot type heat detectors need to be tested annually. Records shall be kept to ensure that every detector is tested every five years.)		Yes <input type="checkbox"/>	No <input type="checkbox"/>
NUMBER OF APPLIANCES: (TOTAL/TESTED) HORN ___/___ STROBE ___/___ HORN/STROBE ___/___			
16. 100% of the AUDIBLE ALARM APPLIANCES per circuit were tested in accordance with 2010 NFPA 72 Chapter 10.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. The audible alarm appliances tested operate at the levels designed by the manufacturer.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
18. The audible appliances tested in residential units generate a minimum of 60dBA in the sleeping areas.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
19. 100% of the VISUAL ALARM APPLIANCES per circuit were tested in accordance with 2010 NFPA 72 Chapter 10		Yes <input type="checkbox"/>	No <input type="checkbox"/>
20. The visual alarm appliances tested operate as designed by the manufacturer.		Yes <input type="checkbox"/>	No <input type="checkbox"/>

BATTERIES			
21. The batteries are rated for: ___ hours ___ minutes			
22. Battery voltage (no load)		_____ volts	
23. Battery voltage (full load)		_____ volts (signals operating)	
24. Batteries Dated: _____			
25. Charge circuit voltage		_____ volts	

INTERFACE DEVICES

The FACP received signals from the following Interface devices: Tested by: Simulation <input type="checkbox"/> Operation <input type="checkbox"/>			
26. Emergency Generator(s)	N/A <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
27. Flow Switch(es)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
28. Supervisory Switch(es)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
29. Range Hood Suppression System(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
30. Spray Booth Suppression System(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Clean Agent System(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
32. Pre-action Systems(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
33. Pull Stations	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

OTHER EQUIPMENT CONTROLLED BY FACP

The following Fire Safety Functions responded to signals from the FACP. Tested by Simulation Operation
Note: This Section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.

34. Fan controls	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
35. Smoke Dampers	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
36. Elevator Recall system	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
37. Elevator Shunt Switch(es)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
38. Door holder releases	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
39. Door Lock devices	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
40. Fire Pump(s)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
41. General alarm automatic time delay _____ (minutes)	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
42. Remote Annunciator Panels	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

COMMUNICATION EQUIPMENT

Test Results Acceptable

43. All phone sets function properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
44. All phone jacks function properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
45. All phone indicating devices at the FACP work properly	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
46. The public address equipment at the FACP works properly.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
47. The in building Emergency Radio Communication Systems function throughout the building in accordance with 2012 SFC Sec. 510 Annual Test <input type="checkbox"/> 5-Year Test <input type="checkbox"/>	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

ALARM PANEL MONITORING

48. A signal was received at the Central Station monitoring company.	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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FINAL CHECKS

49. The Fire Alarm was removed from test mode and/or other precautionary measures were removed to restore the fire alarm system to normal operation (includes removal of protective coverings).	Yes <input type="checkbox"/>	No <input type="checkbox"/>
50. The test record was posted at panel.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
51. A copy of the confidence test report was given to the owner and a current status tag was posted on the Alarm Panel.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
52. The confidence test report was sent to the fire marshal's office.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Deficiencies

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
2010 NFPA 72 reference:

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
2010 NFPA 72 reference:

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
2010 NFPA 72 reference:

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
2010 NFPA 72 reference:

Resolved <input type="checkbox"/>
Location: _____
Deficiency: _____
Recommended Resolution: _____
2010 NFPA 72 reference: