

Name

Confidence Test Report (use one form per sys.)

Address

425-489-2700 Switchboard

Phone

425-877-2273 Fire Inspector

email

425-877-2297 Fire Plans Examiner

**SPRINKLER SYSTEM** — DRY  WET

Status Given

RED

YELLOW

WHITE

CONFIDENCE TEST

REACCEPTANCE TEST

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 and provide certification number and expiration)

Date of Test: \_\_\_\_\_

Test Frequency: **Annual**

Riser Valve Make: \_\_\_\_\_

Riser Valve Model: \_\_\_\_\_

System Identification No. \_\_\_\_\_

System Location: \_\_\_\_\_

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: \_\_\_\_\_

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

This certifies that this fire and life safety system has been properly inspected for functional operation in accordance with the current International Fire Code (IFC), Administrative Rules, and NFPA Standards adopted by the City for this system. The discrepancies 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 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 may not constitute all of the required inspecting and testing of the fire and life safety system. Refer to **NFPA 25** for inspecting and testing requirements.

**PRE-TEST CHECKS**

|  |     |                          |                              |                             |
|--|-----|--------------------------|------------------------------|-----------------------------|
| 1. The <b>Fire Alarm was put into test mode</b> and/or other precautions were taken to <b>avoid preventable alarms</b> . | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. This is the only Sprinkler System of this type (i.e. Dry) at this address. If "No" What is the unique ID number?      | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. All signs, placards, and labels are provided on doors and system controls.  |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**SPRINKLER HEADS**

|  |     |                          |                              |                             |
|--|-----|--------------------------|------------------------------|-----------------------------|
| 4. Number of Sprinkler Heads: <20 <input type="checkbox"/> >20 but < 100 <input type="checkbox"/> >100 <input type="checkbox"/>  |     |                          |                              |                             |
| 5. All accessible sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage. (List the location of defective heads in the "Deficiencies" section.)  |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. The sprinkler coverage is OK. (Note: If the coverage has not been altered after the last acceptance/reacceptance test it is OK.)  |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per <b>2011 NFPA 25</b> and at the prescribed intervals thereafter. Due date for sample testing: _____  |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per <b>2011 NFPA 25</b> and at the prescribed intervals thereafter.                               | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9. Due date for sample testing: _____  |     |                          |                              |                             |
| 10. The dry type sprinkler heads are less than 10 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per <b>2011 NFPA 25</b> and at the prescribed intervals thereafter. Due date for sample testing: _____ | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. The proper number of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location.   |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**HEAT ACTIVATED DEVICES**

|   |     |                          |                              |                             |
|---|-----|--------------------------|------------------------------|-----------------------------|
| 12. Heat actuation devices function on pre-action and deluge systems. | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|---|-----|--------------------------|------------------------------|-----------------------------|

**FLOW TESTS**

|  |  |  |                              |                             |
|--|--|--|------------------------------|-----------------------------|
| 13. The Main Drain is the proper size. If "No" Size _____ Required size _____  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. The <b>Main Drain</b> flow test. Static pressure _____ psi Flow pressure _____ psi Return to static pressure _____ min/sec |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Flow from the inspector's test valve activates the system alarms.  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**ALARMS AND SUPERVISORY DEVICES**

|  |     |                          |                              |                             |
|--|-----|--------------------------|------------------------------|-----------------------------|
| 16. All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly. | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|--|-----|--------------------------|------------------------------|-----------------------------|

**VALVES**

|   |     |                          |                              |                             |
|---|-----|--------------------------|------------------------------|-----------------------------|
| 17. Pressure regulating valves (PRV) are set properly.      | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. All supply valves are secured or supervised.            |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. All supply valves have been lubricated (where required) | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>GAUGES</b>   |  |  |                              |                             |
|---|--|--|------------------------------|-----------------------------|
| 20. The maintenance on the system gauges is up-to-date.<br>Due date for the next comparison test: _____<br><b>Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check should be done for multiple floors at static pressure using one calibrated gauge and hydraulic calculations.</b> |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>OBSTRUCTION INVESTIGATION</b>   |  |  |                              |                             |
|--|--|--|------------------------------|-----------------------------|
| 21. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with <b>2011 NFPA 25 Chap. 14. (eff. 10/21/2012)</b><br>Date for next FDC obstruction investigation _____                          |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve.  |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with <b>2011 NFPA 25 Chap. 14. (eff. 10/21/2012)</b> Describe the location and results below.<br><br>Date for next Piping Obstruction Examination _____ |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>FIRE DEPARTMENT CONNECTIONS</b>   |     |                          |                              |                             |
|--|-----|--------------------------|------------------------------|-----------------------------|
| 24. The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. All FDCs have protective plugs or covers.  | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required)                  | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. All caps and plugs have at least 12" clearance for operating wrenches.   | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. All swivels turn freely.   | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>RECALLS</b>   |     |                          |                              |                             |
|--|-----|--------------------------|------------------------------|-----------------------------|
| 29. The inspector did not find recalled devices during the visual inspection.<br><b>Note: the inspector's inspection is a visual cursory inspection from the floor level in accessible areas</b> | Unk | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>ALARM MONITORING</b>  |     |                          |                              |                             |
|--|-----|--------------------------|------------------------------|-----------------------------|
| 30. A signal was received at the Central Station monitoring company. | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>DRY SPRINKLER SYSTEMS [NEXT 3 ITEMS]</b>                                      |  |  |                              |                             |
|--|--|--|------------------------------|-----------------------------|
| 31. The system passed the trip test. System tripped in _____ seconds             |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. Air compressor refills system in 30 minutes or less.                         |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 33. The system's low points were drained and the system was restored to service. |  |  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| <b>34. FINAL CHECKS</b>   |     |                          |                              |                             |
|---|-----|--------------------------|------------------------------|-----------------------------|
| 35. The <b>Fire Alarm was removed from test mode</b> and/or other precautionary measures were removed to restore <b>fire alarm system to normal operation</b> (includes removal of protective coverings). | N/A | <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 36. The system was left in service.<br>If "No", why _____   |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 37. The confidence test report was given to the owner and a current status tag was posted.  |     |                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 38. 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: _____     |
| <b>2011 NFPA 25 reference:</b>    |

|                                   |
|-----------------------------------|
| Resolved <input type="checkbox"/> |
| Location: _____                   |
| Deficiency: _____                 |
| Recommended Resolution: _____     |
| <b>2011 NFPA 25 reference:</b>    |

|                                   |
|-----------------------------------|
| Resolved <input type="checkbox"/> |
| Location: _____                   |
| Deficiency: _____                 |
| Recommended Resolution: _____     |
| <b>2011 NFPA 25 reference:</b>    |

|                                   |
|-----------------------------------|
| Resolved <input type="checkbox"/> |
| Location: _____                   |
| Deficiency: _____                 |
| Recommended Resolution: _____     |
| <b>2011 NFPA 25 reference:</b>    |

|                                   |
|-----------------------------------|
| Resolved <input type="checkbox"/> |
| Location: _____                   |
| Deficiency: _____                 |
| Recommended Resolution: _____     |
| <b>2011 NFPA 25 reference:</b>    |