

Confidence Test Report (use one form per sys.)

Name

425-489-2700 Switchboard

Address

425-877-2273 Fire Inspector

Phone

425-877-2297 Fire Plans Examiner

email

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 Fire Alarm was put into test mode and/or other precautions were taken to avoid preventable alarms .	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 2011 NFPA 25 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 2011 NFPA 25 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 2011 NFPA 25 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"/>
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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 Main Drain 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"/>
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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"/>

GAUGES				
20. The maintenance on the system gauges is up-to-date. Due date for the next comparison test: _____ 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.			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

FIRE DEPARTMENT CONNECTIONS				
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"/>

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

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

DRY SPRINKLER SYSTEMS [NEXT 3 ITEMS]				
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"/>

34. FINAL CHECKS				
35. The Fire Alarm was removed from test mode and/or other precautionary measures were removed to restore fire alarm system to normal operation (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. 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: _____
2011 NFPA 25 reference:

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

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

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

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