

Name  
Address  
Phone  
Here

Confidence Test Report  
(253) 983-4583 Confidence testing questions  
(253) 582-7912 (fax)

<b>EMERGENCY GENERATOR</b> (One System per Report)		Certification Given	
		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: _____		
Building Owner: _____	Phone Number: _____		
Responsible Person: _____	Phone Number: _____		
Building Owner Address: _____			
Date of Inspection: _____	Inspection Frequency/Type: Annual		
Testers Name (Please Print): _____			
Central station monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/>	Monitoring Company Name: _____		
Primary Component: _____	System Make: _____		
System Model: _____			
System Location: _____	Identification Number: _____		
<b><u>PROBLEMS FOUND:</u></b> (If additional room is needed, please add a separate sheet)			
<b><u>CORRECTIONS MADE:</u></b> Date Corrected: _____ Corrected By: _____			
(If additional room is needed, please add a separate sheet)			
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 National Fire Protection Association standards, and that discrepancies are noted and have been reported to the building Owner/Manager for corrective action.			
Signature of Tester: _____	Phone # _____		
Testing Agency: _____			
Mailing Address: _____			
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 NFPA for inspecting and testing requirements.

## General

- |     |   |                              |                             |
|-----|---|------------------------------|-----------------------------|
| 1.  | Starts on power failure: (Trip main disconnect for the emergency panel) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2.  | Volts _____ Amps _____ Hertz _____ (full load)                          |                              |                             |
| 3.  | Is generator run light on?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4.  | Is maintenance record posted?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5.  | Adequate fuel supply for 2 hours under full load (minimum)?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6.  | Do transfer switches operate correctly?                                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7.  | Is any non-emergency equipment connected to the generator?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8.  | Does all required fire and safety equipment operate on generator?       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 9.  | Does connected load exceed generator capacity?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Has the generator been exercised once a month?                          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. | Acceptance tests required copy of manufacturer's certification.         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |