

Name _____

Confidence Test Report

Address _____

(253) 983-4583 Confidence testing questions

Phone _____

(253) 582-7912 (fax)

Here

FIRE ALARM SYSTEM		Certification Given	
(One System per Report)		RED ▪	YELLOW ▪
CONFIDENCE TEST ▪	REPAIRS ▪		
Occupancy Address: _____	Occupancy Name: _____		
Building Owner: _____	Phone Number: _____		
Responsible Person: _____	Phone Number: _____		
Building Owner Address: _____			
Date of Inspection: _____	Inspection Frequency/Type: _____	Annual ▪	Quarterly ▪ (High Rise Only)
Testers Name (Please Print): _____			
Central Station Monitoring? Yes ▪ No ▪	Monitoring Company Name: _____		
Primary Component: _____	System Make: _____		
System Model: _____			
System Location: _____	Identification Number: _____		
PROBLEMS 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)			
<p>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.</p>			
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.

Alarm System Functionality

Trouble signal with AC power off?		Yes ·	No ·
System operates properly on battery backup?		Yes ·	No ·
Battery voltage (no load) _____ volts			
Battery voltage (full load) _____ volts (signals operating)			
Charge circuit voltage _____ volts			
System operates properly on standby power?		Yes ·	No ·
All signals operate on AC power?		Yes ·	No ·
Number of initiating circuits _____			
Number of signal circuits _____			
Does alarm system meet audibility standards?		Yes ·	No ·
All circuits checked for electrical supervision?		Yes ·	No ·
All auxiliary equipment operates (Elevators, fans, dampers)?	N/A ·	Yes ·	No ·
Ventilation controls operate?	N/A ·	Yes ·	No ·
Key to panel available?		Yes ·	No ·
Operating instructions at panel?		Yes ·	No ·
Trouble indicators function properly?		Yes ·	No ·
Remote Annunciator Panels function properly?	N/A ·	Yes ·	No ·
Elevator Call Down functions properly?	N/A ·	Yes ·	No ·
Test record posted at panel?		Yes ·	No ·
General alarm automatic time delay _____ (minutes)	N/A ·		
Was a signal received at the Central Station monitoring company?	N/A ·	Yes ·	No ·
Other Devices (Specify)		Yes ·	No ·

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable
1. Bells, Horns, Chimes	_____	_____	N/A · Yes · No ·
2. Voice Speakers (Voice Clarity)	_____	_____	N/A · Yes · No ·
3. Smoke Detectors	_____	_____	N/A · Yes · No ·
4. Heat Detectors	_____	_____	N/A · Yes · No ·
5. Duct Detectors	_____	_____	N/A · Yes · No ·
6. Sprinkler Flow Switches	_____	_____	N/A · Yes · No ·
7. Sprinkler Supervisory Switches	_____	_____	N/A · Yes · No ·
8. Visual Alarm Devices	_____	_____	N/A · Yes · No ·
9. Manual Pull Stations	_____	_____	N/A · Yes · No ·
10. Annunciator(s)	_____	_____	N/A · Yes · No ·
11. Beam Detectors	_____	_____	N/A · Yes · No ·
12. Automatic Door Unlocks	_____	_____	N/A · Yes · No ·
13. Automatic Door Release	_____	_____	N/A · Yes · No ·

Communication Equipment	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable
14. Phone Sets	_____	_____	N/A · Yes · No ·
15. Phone Jacks	_____	_____	N/A · Yes · No ·
16. Call-in Signal	_____	_____	N/A · Yes · No ·