

Name
Address
Phone
Here

Confidence Test Report
(253) 983-4583
(253)984-0387 (fax)

HIGH RISE SEQUENCE TEST		Certification Given	
(One System per Report)		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:	<input type="checkbox"/> Annual;	
		<input type="checkbox"/> Quarterly;	
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: _____		
<u>PROBLEMS FOUND:</u> (If additional room is needed, please add a separate sheet)			
<u>CORRECTIONS MADE:</u> Date Corrected: _____ Corrected By: _____			
(If additional room is needed, please add a separate sheet) SFD Certification Number: _____			
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, 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 below checklist 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.

Normal Power Operation		
Was alarm initiated from a random device?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the alarm sound on designated floors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is audibility satisfactory?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the elevators return to recall floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do the fire dampers operate properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did building HVAC (air conditioning) shut off with fire alarm activation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did shaft pressurization fans operate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the stairway doors unlock, but not unlatch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do elevators operate properly from fire control inside each car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does fire pump operate properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Emergency Power Operation		
Was power shut off at main breaker?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did emergency generator operate within 15 seconds?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does fire alarm operate on a generator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do elevators operate on generator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Can emergency power be manually assigned to any elevator?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How much time does it take to assign emergency power automatically from one elevator car to another?	_____	Seconds
Do the elevators return to recall floor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do elevators operate properly from fire control inside each car?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Fire dampers continue to operate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does fire pump operate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did building HVAC (air conditioning) shut off with fire alarm activation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did shaft pressurization fans operate?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did the stairway doors unlock, but not unlatch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does fire pump operate properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>