

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Here

Confidence Test Report

(253) 983-4583 Confidence testing questions

(253) 582-7912 (fax)

<h1>STAIRWAY DOOR LOCKS</h1>		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: <b>Annual</b>		
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)			
<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.

**System Functionality**

1.	Number of Stories _____		
2.	Do all locking devices release upon activation of the fire alarm system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Do all locking devices release upon power failure?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Does door to roof unlock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Are there any fuses in the locking circuitry?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Do doors unlock but not unlatch?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Is there an access key at the control panel for doors that fail to unlock?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

<b>System Devices</b>	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
8. Electric Strike	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Electronic Bolt	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Other Locking Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>