

Name _____

Address _____

Phone _____

Here _____

Confidence Test Report

(253) 983-4583 Confidence testing questions

(253) 582-7912 (fax)

SPRINKLERS - WET				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: 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: _____				
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.

General

Flow test conducted?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Static pressure: _____psi	Flow pressure: _____psi		
Number of Sprinkler Heads: _____			
2-inch drain?	Other <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flow switches, supervisory switches and alarm bells tested?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pressure regulating valves tested?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Alarm bell operates?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
System inspected and lubricated?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Valves are sealed or supervised?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signs are provided on valves?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Pumper connections and clapper valves unobstructed and turn freely?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Wet type sprinkler heads replaced or successfully sample tested in last 50 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler coverage is acceptable?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have the sprinkler heads been replaced or successfully sample test in the last 50 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Proper number of spare sprinkler heads available?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
System left in service?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
System gauges replaced or calibrated within the last 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was debris found in the Fire Department Connection (FDC)?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was the Fire Department Connection (FDC) back flushed within the last 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was an internal pipe and valve inspection performed within the last 5 years?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Date Performed _____			
Was a signal received at the Central Station monitoring company?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Sprinkler wrench available for each type of sprinkler?		Yes <input type="checkbox"/>	No <input type="checkbox"/>