Confidence Testing Company
Name
Address
Phone
Here

West Pierce Fire & Rescue

Confidence Test Report

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

CO2 SYSTEM

(One System per Report)

Certification Given		
RED ☐	YELLOW ☐	WHITE ☐

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

Testers Name (Please Print): ____________________

Central station monitoring? Yes ☐ No ☐ Monitoring Company Name: ____________________

Primary Component: ____________________ System Make: ____________________

System Model: ____________________ System Size: ____________________

System Location: ____________________ Identification Number: ____________________

PROBLEMS FOUND: (If additional room is needed, please add a separate sheet)

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CORRECTIONS MADE: Date Corrected: __________ Corrected By: ____________________

(If additional room is needed, please add a separate sheet)

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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) ____

General

Extinguishing Agent ____________________

Agent Bottles	#1	#2	#3	#4	#5
Design Weight	__________	__________	__________	__________	__________
Actual Weight	__________	__________	__________	__________	__________

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 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 ☐
Key to panel available?		Yes ☐	No ☐
Operating instructions at panel?		Yes ☐	No ☐
Elevator call down functions properly?	N/A ☐	Yes ☐	No ☐
Test record posted at panel?		Yes ☐	No ☐
Hoses checked for damage?		Yes ☐	No ☐
Are warning signs installed?		Yes ☐	No ☐
Was a signal received at the Central Station monitoring company?	N/A ☐	Yes ☐	No ☐
Was time delay tested for operation?		Yes ☐	No ☐

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
Bells, Horns, Chimes	________	________	N/A ☐	Yes ☐	No ☐
Voice Speakers (Voice Clarity)	________	________	N/A ☐	Yes ☐	No ☐
Smoke Detectors	________	________	N/A ☐	Yes ☐	No ☐
Heat Detectors	________	________	N/A ☐	Yes ☐	No ☐
Duct Detectors	________	________	N/A ☐	Yes ☐	No ☐
Visual Alarm Devices	________	________	N/A ☐	Yes ☐	No ☐
Manual Pull Stations	________	________	N/A ☐	Yes ☐	No ☐
Automatic Door Unlocks	________	________	N/A ☐	Yes ☐	No ☐
Automatic Door Release	________	________	N/A ☐	Yes ☐	No ☐

Communication Equipment	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
Phone Sets	________	________	N/A ☐	Yes ☐	No ☐
Phone Jacks	________	________	N/A ☐	Yes ☐	No ☐
Call-in Signal	________	________	N/A ☐	Yes ☐	No ☐