

Name

Confidence Test Report

Address

(253) 983-4583 Confidence testing questions

Phone

(253) 582-7912 (fax)

Here

SPRINKLERS - DRY (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 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)			
<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

Trip test conducted?		Yes ·	No ·
System tripped in _____seconds.			
Flow test conducted?		Yes ·	No ·
Static pressure: _____psi Flow pressure: _____psi			
Number of Sprinkler Heads? _____			
2-inch drain?	Other ·	Yes ·	No ·
Flow switches, supervisory switches and alarm bells tested?	N/A ·	Yes ·	No ·
Alarm bell operates?	N/A ·	Yes ·	No ·
Air compressor refills system in 30 minutes or less?		Yes ·	No ·
Heat actuation devices tested on pre-action and deluge systems?	N/A ·	Yes ·	No ·
System inspected and lubricated?		Yes ·	No ·
Valves are sealed or supervised?		Yes ·	No ·
Signs are provided on valves?		Yes ·	No ·
Pumper connections and clapper valves unobstructed and turn freely?		Yes ·	No ·
Dry type sprinkler heads replaced or successfully sample tested in last 10 years?		Yes ·	No ·
Sprinkler coverage is acceptable?		Yes ·	No ·
Proper number of spare sprinkler heads available?		Yes ·	No ·
Have the sprinkler heads been replaced or successfully sample tested in the last 50 years?		Yes ·	No ·
System left in service?		Yes ·	No ·
System gauges replaced or calibrated within the last 5 years?		Yes ·	No ·
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?		Yes ·	No ·
Sprinkler wrench available for each type of sprinkler?		Yes ·	No ·
System drained and restored to normal operation?		Yes ·	No ·
Is there a minimum supply of spare sprinkler heads?		Ye ·	No ·
Was debris found in the Fire Department Connection (FDC)?		Yes ·	No ·
Was the Fire Department Connection (FDC) back flushed in the last 5 years?		Yes ·	No ·
Was a signal received at the Central Station monitoring company?	N/A ·	Yes ·	No ·
Was an internal pipe and valve inspection performed? Date Performed _____		Yes ·	No ·