

Name
Address
Phone
Here

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

FIRE PUMP SYSTEM		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: _____		
<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)			
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) _____			

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.

Electric Pump			
Starting Amperage	Leg 1 _____	Leg 2 _____	Leg 3 _____
Running Amperage	Leg 1 _____	Leg 2 _____	Leg 3 _____
Was electric pump run for a minimum 10 minutes?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Diesel Pump			
Diesel fuel tank at least 2/3 full?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Batteries fully charged?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Oil level full?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Coolant level full?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Antifreeze protection adequate?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Fuel filter/strainer serviced?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was diesel pump run for a minimum 30 minutes?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Pump Controller/s			
Fire pump controller in service?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Controller voltage _____ VDC	Interrupting-Capacity _____ amps:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Jockey pump controller in service?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Pump Test			
Pump in service on inspection?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Pump starts from pressure drop?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Cut-in Pressure _____ psi	Cut-out Pressure _____ psi		
Was 300 GPM flow conducted?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Pressure gauges replaced or calibrated every 5 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Static pressure _____ psi			
Discharge _____ psi	Suction _____ psi		
Hose size: _____ in.	Tip size: _____ in.	Hose length: _____ ft.	
Pitot reading: _____		GPM: _____	
Churn suction _____ psi	Churn discharge _____ psi		
Has pump been tested weekly?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Jockey pump tested?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Shaft seals dripping water properly (1 drop per second)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Pressure relief valve checked for proper operation?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire pump connected to fire alarm panel?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Suction screens inspected and cleared?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Routine maintenance is performed and records kept?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Transfer Switch			
Power failure simulated during peak flow for automatic transfer switch activation?	N/A _____	Yes _____	No _____
Connection made to alternate source?	N/A _____	Yes _____	No _____
Emergency manual starting means operated without power?	N/A _____	Yes _____	No _____