

Name
Address
Phone
Here

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

<h2 style="margin: 0;">FOAM SYSTEM</h2> <p style="margin: 0;">(One System per Report)</p>		Certification Given	
RED <input type="checkbox"/>	YELLOW <input type="checkbox"/>	WHITE <input type="checkbox"/>	
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		

Occupancy Address: _____ Building Owner: _____ Responsible Person: _____ Building Owner Address: _____ Date of Inspection: _____ Testers Name (Please Print): _____ Central station monitoring? Yes <input type="checkbox"/> No <input type="checkbox"/> Primary Component: _____ System Model: _____ System Location: _____	Occupancy Name: _____ Phone Number: _____ Phone Number: _____ Inspection Frequency/Type: Semi-Annual Monitoring Company Name: _____ System Make: _____ System Size: _____ Identification Number: _____
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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) SFD Certification Number: _____

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.

General

All the proportioning devices, their accessory equipment and foam makers have been inspected for condition?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The above-ground piping has been inspected for proper condition and drainage?		
All the strainers have been inspected and cleaned as necessary?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Control valves, including all automatic and manual actuating devices, have been tested for proper operation?		
The foam concentrate and its tank or storage containers have been inspected for excessive slugging or deterioration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A pressure test has been conducted on normally dry piping?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The underground piping has been spot-checked for deterioration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
An actual flow test, using foam was conducted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operating and maintenance instructions are posted at control equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foam system activation signal received at building alarm panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foam concentrate sample submitted for testing to testing facility? _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Manual activation devices tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operation discharge time lapse between detection systems and water delivery to protected area?	Time _____	
Backflow preventer(s) tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Corrosion and hydrostatic test performed every 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Ball drip drain valves tested?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foam system flushed and returned to full operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Foam concentrate tank drained and flushed every 10 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
There are trained personnel on site to operate the equipment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>