

Name _____

Address _____

Phone _____

Here

Confidence Test Report

(253) 983-4583 Confidence testing questions

(253) 582-7912 (fax)

<h2 style="margin: 0;">SMOKE REMOVAL/ TEMPERED WINDOWS</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: _____	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: _____		
<p><u>PROBLEMS FOUND:</u> (If additional room is needed, please add a separate sheet)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p><u>CORRECTIONS MADE:</u> Date Corrected: _____ Corrected By: _____</p> <p>(If additional room is needed, please add a separate sheet)</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<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.

BREAKOUT GLASS

- | | | | |
|----|--|------------------------------|-----------------------------|
| 1. | 2-Inch white dots located on lower 1/3 of window? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. | Breakout windows located at approximately 50 feet Intervals around building perimeter? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. | Tempered windows are unobstructed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. | Tempered windows on all floor levels above first floor? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. | Building has operable windows? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SMOKE REMOVAL

- | | | | | |
|-----|---|------------------------------|------------------------------|-----------------------------|
| 6. | Building has smoke removal fans? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 7. | Smoke removal system operates on fire alarm? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. | Building has fire dampers? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 9. | Fire dampers operate on fire alarm? | N/A <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. | Fire dampers operate on manual control? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 11. | Systems operate on emergency generator? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 12. | Does the smoke removal system provide six air changes per hour? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 13. | How Measured? (show calculations)_____ | | | |