

Confidence Testing Company

Name: _____

Address: _____

Phone: _____



PIERCE COUNTY FIRE PREVENTION BUREAU

2401 SOUTH 35TH STREET
TACOMA WA 98409
253-798-7179 OFFICE
253-798-2731 FAX

FOR UNINCORPORATED PIERCE CTY BUSINESSES ONLY NOT IN CITY LIMITS

Automatic Sprinklers-Dry (one System per Report)	Certification Given		
	Red <input type="checkbox"/>	Yellow <input type="checkbox"/>	White <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 Acceptance

Testers Name (please print) & Phone Number _____

Central Station Monitoring Yes No Monitoring Company Name: _____

System Manufacturer: _____ System Model Number: _____

Location of System: _____ System ID Number: _____

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

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

Date Corrected: _____ **Corrected By:** _____

This certifies that this fire and life safety system has been properly inspected for reliability to cover the items listed in the report and is consistent with the International Fire Code 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 checklist 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 International Fire Code for inspecting and testing requirements.

Fire Sprinklers - Dry System Functionality

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