

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

Fire Alarm System (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 Quarterly (High Rise Only)

Tester's 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.

Alarm System Functionality

Trouble signal with AC power off?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
System operates properly on battery backup?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Battery voltage (no load) _____ volts		
Battery voltage (full load) _____ volts (signals operating)		
Charge circuit voltage _____ volts		
System operates properly on standby power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All signals operate on AC power?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Number of initiating circuits _____		
Number of signal circuits _____		
Does alarm system meet audibility standards?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All circuits checked for electrical supervision?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
All auxiliary equipment operates (Elevators, fans, dampers)?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Ventilation controls operate?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Key to panel available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Operating instructions at panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Trouble indicators function properly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Remote Annunciator Panels function properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Elevator Call Down functions properly?	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Test record posted at panel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
General alarm automatic time delay _____ minutes	N/A <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"/>
Other Devices (specify) _____		
Is there a minimum supply of spare sprinkler heads?	N/A <input type="checkbox"/>	

System Devices

	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
1. Bells, Horns, Chimes	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Voice Speakers (Voice Clarity)	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Smoke Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Heat Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Duct Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Sprinkler Flow Switches	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Sprinkler Supervisory Switches	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Visual Alarm Devices	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. Manual Pull Stations	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10. Annunciators	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. Beam Detectors	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12. Automatic Door Unlocks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13. Automatic Door Release	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Communication Equipment

	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
14. Phone Sets	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15. Phone Jacks	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Call-In Signal	_____	_____	N/A <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>