

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

Range Hood 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 Semi Annual
 Tester's Name (please print) & Phone Number _____
 Central Station Monitoring Yes No Monitoring Company Name: _____
 System Make: _____ System Model Number: _____
 System Type & Size: _____ System Location: _____

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): _____

