PIERCE COUNTY FIRE PREVENTION BUREAU

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

# CLEAN AGENT SYSTEM (One System per Report)	Certification Given		
	RED ☐	**YELLOW** ☐	**WHITE** ☐

CONFIDENCE TEST ☐	REPAIRS ☐	

Occupancy Address: _____ Occupancy Name: _____

Responsible Person
First & Last Name: _____ Phone Number: _____

Responsible Person
Address, City, State, Zip: _____ Responsible Party E–Mail Address _____

Date of Inspection: _____ Inspection Frequency/Type: **Annual**

Testers Name (Please Print): _____ Certification Number: _____

Identification Number: _____ System Location: _____

Central station monitoring? Yes ☐   No ☐
Monitoring Required? Yes ☐   No ☐

Monitoring Company Name: _____

System Make: _____ System Model: _____

INTERNATIONAL FIRE CODE VIOLATIONS 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)

_____
_____
_____
_____

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 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 # _____

Building Representative   (signature) _____

General					
Type of Extinguishing Agent _____					
Agent Bottles	#1	#2	#3	#4	#5
Design Weight	_____	_____	_____	_____	_____
Actual Weight	_____	_____	_____	_____	_____

System Functionality

1. Trouble signal with AC power off? Yes ☐ No ☐
2. System operates properly on battery backup? Yes ☐ No ☐
3. Battery voltage (no load) _____ volts
4. Battery voltage (full load) _____ volts (signals operating)
5. Charge circuit voltage _____ volts
6. System operates properly on standby power? Yes ☐ No ☐
7. All signals operate on AC power? Yes ☐ No ☐
8. Number of initiating circuits _____
9. Number of signal circuits _____
10. Does system meet audibility standards? Yes ☐ No ☐
11. All circuits checked for electrical supervision? Yes ☐ No ☐
12. All auxiliary equipment operates (Elevators, fans, dampers)? N/A ☐ Yes ☐ No ☐
13. Key to panel available? Yes ☐ No ☐
14. Operating instructions at panel? Yes ☐ No ☐
15. Elevator call down functions properly? N/A ☐ Yes ☐ No ☐
16. Test record posted at panel? Yes ☐ No ☐
17. Hoses checked for damage? Yes ☐ No ☐
18. Are warning signs installed? Yes ☐ No ☐
19. Was a signal received at the Central Station monitoring company? N/A ☐ Yes ☐ No ☐
20. Was time delay tested for operation? Yes ☐ No ☐

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
21. Bells, Horns, Chimes	_____	_____	N/A ☐	Yes ☐	No ☐
22. Voice Speakers (Voice Clarity)	_____	_____	N/A ☐	Yes ☐	No ☐
23. Smoke Detectors	_____	_____	N/A ☐	Yes ☐	No ☐
24. Heat Detectors	_____	_____	N/A ☐	Yes ☐	No ☐
25. Duct Detectors	_____	_____	N/A ☐	Yes ☐	No ☐
26. Visual Alarm Devices	_____	_____	N/A ☐	Yes ☐	No ☐
27. Manual Pull Stations	_____	_____	N/A ☐	Yes ☐	No ☐
28. Automatic Door Unlocks	_____	_____	N/A ☐	Yes ☐	No ☐
29. Automatic Door Release	_____	_____	N/A ☐	Yes ☐	No ☐
Communication Equipment	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable		
30. Phone Sets	_____	_____	N/A ☐	Yes ☐	No ☐
31. Phone Jacks	_____	_____	N/A ☐	Yes ☐	No ☐
32. Call-in Signal	_____	_____	N/A ☐	Yes ☐	No ☐