



Seattle Fire Prevention Division

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 Seattle, WA 98104
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 SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

FIRE ALARM		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
Occupancy Information				
Premises Name:		Premises Address:		
Contact Name:		Contact Phone:		
Contact Address:		Contact Email:		
Central Station Monitoring:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Monitoring Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitoring Company Name:		Internal Dialer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Monitoring Company Phone:		AES/Radio/Cellular?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fire Alarm Inventory (M-mandatory)				
Fire Alarm Panel Unit ID (TCE will assign one per system) (M):				
Smoke Detector Sensitivity (required every 5 yrs, after passing 1st annual calibration test) –				
Last Test Date (month/year):				
Smoke Detector Sensitivity – Test Due Date (month/year):				
<i>FACP & Annunciators</i>				
Fire Alarm Control Panel/Unit Location (M):				
Fire Alarm Panel Brand:		Fire Alarm Panel Model:		
FACP – location of key (M):		Annunciator location (M):		<input type="checkbox"/> N/A
Notification Power	<input type="checkbox"/> Yes <input type="checkbox"/> No	Notification Power		
Expander(s) Installed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expander(s) Location:		
Note: This section is optional except at time of new system acceptance. Please enter number of devices or items in the system.				
<i>Initiating Devices</i>	<u># of devices/items</u>		<u># of devices/items</u>	
Beam detectors		Smoke detectors - Regular		
Duct detectors		Smokes – above ceiling		
Heat trace cable supervisory signals		Smokes – under floor		
Heats – above ceiling		Sprinkler flow switches		
Heats – regular		Sprinkler valve tamper switches		
Heats – under floor		High/low air switches		
Pull stations (manual stations)		Other supervisory switches		
<i>Notification Appliances</i>				
Bells, chimes		Horn/strobe combo		
Exterior sprinkler alarm bell		Horns only		
Speakers		Strobes only		
Speaker strobes				
<i>Auxiliary Equipment</i>				
Auto door release		Fire/smoke dampers		
Auto door unlock		Generators		
Elevator recall		Ventilation controls		
Fire doors		Other (DAS/Vesda...)		
Fire fighter phone jacks		Other (DAS/Vesda...)		
Fire fighter phone sets		Other (DAS/Vesda...)		
<i>Stairway Door Locks</i>				
Electric bolt		Other locking devices		
Electric strike				

Battery Info			
Date Installed (month/year):		Date due for next testing (month/year):	
Number of batteries:		Battery Size (AH):	
Inspection & Testing Agency Information			
Company Name:		Phone:	
Address:		Emergency Phone:	
		Email:	
Inspector/Tester Information			
Inspector Name:			
Certification No.:			
Test Information			
Date of Test:			
Test Type: <input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annual <input type="checkbox"/> Monthly			
Area of building tested and general description of testing performed on this report (text field)			
This is the final report for the testing year, indicating completion of 100% of the mandatory tests. (Reports confirming tests of 100% of devices must be submitted annually.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 CURRENT FIRE CODE AND REFERENCED NFPA 72 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements. ONLY SELECT N/A FOR ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE.			
PRE-TEST CHECKS			
AVOID "FALSE ALARMS" TO FIRE DEPARTMENT BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.			
1	The building occupants were notified.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2	The onsite supervisory station was notified.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3	The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
GENERAL			
4	The key to the panel is available at the FACP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5	The operating instructions are available at the FACP.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
ALARM PANEL			
7	The FACP operates on AC power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8	If the system has batteries, the FACP operates on Battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9	If the system has emergency generator/standby power, the FACP operates on emergency generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
10	If the system has battery or standby power, the trouble indicators function properly and a trouble signal comes on with AC power off.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
INITIATING DEVICES AND NOTIFICATION APPLIANCES			
11	Initiating & notification appliances tested operate properly on AC power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	If system has generator/standby power, initiating and notification appliances tested operate properly on generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
13	If system has batteries, initiating and notification appliances tested operate properly on battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
14	100% of the INITIATING DEVICES per circuit that were tested and included as part of this report were in accordance with the NFPA 72 Chapter 14 standards referenced by the current fire code.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to be tested annually. Records shall be kept to ensure that every detector is tested every five years.

15	The sensitivity test for smoke detectors is up-to-date in accordance with NFPA 72. (After passing the 2nd required calibration test, sensitivity may be calibrated once every 5 years [2016 NFPA 72 Sec 14.4.4.3]). Date most recent smoke detector sensitivity test was passed:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16	100% of the AUDIBLE NOTIFICATION APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2016 NFPA 72 Chapter 14.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
17	The audible notification appliances tested operate at the levels required by NFPA 72.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
18	The audible notification appliances tested in residential units generate a minimum of 60dBA at the pillow in the sleeping areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
19	100% of the VISUAL NOTIFICATION APPLIANCES per circuit that were tested and included as part of this report were in accordance with 2016 NFPA 72 Chapter 14. Only select N/A if no such devices in building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

BATTERIES

20	Battery voltage (no load):			
21	Battery voltage (full load):			
22	New batteries installed? <input type="checkbox"/>	Battery installation date: [current month/year]:		
23	Charge circuit voltage:			

INTERFACE DEVICES

The FACP received signals from the following Interface devices:		<input type="checkbox"/> Simulation	<input type="checkbox"/> Operation
Tested by:			
24	Emergency Generator(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
25	Flow Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
26	Supervisory Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
27	Range Hood Suppression System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
28	Dry Chemical System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
29	Clean Agent System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
30	Pre-action Systems(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
31	Pull Stations	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

OTHER EQUIPMENT CONTROLLED BY FACP

The following Fire Safety Functions responded to signals from the FACP:		<input type="checkbox"/> Simulation	<input type="checkbox"/> Operation
Tested by:			

Note: This section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.

32	Fan controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
33	Smoke Dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
34	Elevator Recall system	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
35	Elevator Shunt Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
36	Magnetic Door Holders	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
37	Door Lock devices	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
38	Fire Pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
39	General alarm automatic time delay _____ (minutes)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40	Remote Annunciator Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

COMMUNICATION EQUIPMENT			
41	All fire fighter phone sets function properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
42	All fire fighter phone jacks function properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
43	All fire fighter phone indicating signals at the FACP work properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
44	The public address equipment at the FACP works properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
ALARM PANEL MONITORING			
45	A signal was received at the Central Station monitoring company.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
STAIRWAY DOOR LOCKS [if no stairways in building, skip this section and proceed to final checks]			
This building has stairways:		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
46	All stairway door locking devices release simultaneously, without unlatching, upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
47	All stairway door locking devices release simultaneously, without unlatching, upon activation from the fire command center.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
48	The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
49	All of the doors open, close and latch properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
FINAL CHECKS, MANDATORY TAGGING, AND REPORTS			
Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)			
50	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on the fire alarm control panel indicating the system's status consistent with my inspection today.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	The color of the tag is:	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow <input type="checkbox"/> White
51	I will provide a copy of the confidence test report to the owner.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
52	I will submit this test report to the fire department through TCE.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.			
<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)	
SIGNATURE (OPTIONAL)			
Signature of Technician			
Signature of Building Representative			

System Testing Reports Must Be Submitted Online

Submit reports to www.thecomplianceengine.com