



# Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35<sup>th</sup> St. Tacoma, WA 98409

tfdcto@cityoftacoma.org

<b>DRY – AUTOMATIC SPRINKLERS</b> (One System per Report)		CTF 8001	System Certification Given				
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		RED <input type="checkbox"/>		YELLOW <input type="checkbox"/>		GREEN <input type="checkbox"/>
Frequency	5 Year: <input type="checkbox"/>	Annual: <input type="checkbox"/>	Semi-Annual: <input type="checkbox"/>	Quarterly: <input type="checkbox"/>			
Date of Inspection:							
<i>Occupancy Information</i>							
Occupancy Name:				Occupancy Address:			
Building Owner:		Phone Number:		Owner Address:			
Contact Person:				Phone Number:			
<i>System Information (where applicable)</i>							
Central Station Monitoring Yes <input type="checkbox"/> No <input type="checkbox"/>				Monitoring Company Name:			
Control Panel Manufacturer:				Model Number:			
Pre Action System: <input type="checkbox"/>				Deluge System: <input type="checkbox"/>			
Location of Riser:	Max Height	# of Heads	System #	TFD System #			
<i>Testing Agency Information</i>							
City of Tacoma Fire Protection License:		Washington State Contractor License:			NICET Number:		
Testing Agency Name:				Address:			
Phone:				E-mail:			
<b>Problems Found:</b> (Explain any "no" responses and use the back page if necessary)							
<b>Corrections Made:</b>							
Date Corrected:		Corrected by:		(Sign)			
This report certifies this fire and life safety system has been properly inspected for reliability to cover the items listed in the report and is consistent with NFPA 25 Standard. All discrepancies are noted and have been reported to the building owner or responsible person for corrective action.							
TECH NAME: (Print)		(Sign)				Date:	
Building Representative: (Print)		(Sign)				Date:	

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 NFPA 25 Standard Inspection, Testing and Maintenance of Water Based Fire Systems requirements.

SYSTEM FUNCTIONALITY			YES	NO
Was a full walk through performed?			<input type="checkbox"/>	<input type="checkbox"/>
Is building fully sprinkled?			<input type="checkbox"/>	<input type="checkbox"/>
Is there a calculation plate?			<input type="checkbox"/>	<input type="checkbox"/>
What is the design density? (Gallons per sq ft.)				
If not hydraulically designed indicate pipe schedule:	Light: <input type="checkbox"/>	Ordinary: <input type="checkbox"/>	Extra: <input type="checkbox"/>	
Main drain flow test conducted?			<input type="checkbox"/>	<input type="checkbox"/>
Static pressure          psi	Residual pressure          psi	Test pipe size?		
Trip test conducted?	Partial: <input type="checkbox"/>	Full: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last full trip test:				
System tripped in          seconds.				
Did quick opening device operate satisfactorily?	Time:		<input type="checkbox"/>	<input type="checkbox"/>
Air compressor refills system in 30 minutes or less?			<input type="checkbox"/>	<input type="checkbox"/>
Dry piping checked for pitch?			<input type="checkbox"/>	<input type="checkbox"/>
Heat actuation devices tested on pre-action and deluge system?	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Flow switches, supervisory switches and alarm bells test satisfactory?	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Water motor gong operates properly?	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
System is free of recalled heads and devices?			<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler heads free of corrosion, paint, obstructions and/or physical damage?			<input type="checkbox"/>	<input type="checkbox"/>
Proper number of spare sprinkler heads?			<input type="checkbox"/>	<input type="checkbox"/>
Sprinkler wrench available for each type of sprinkler?			<input type="checkbox"/>	<input type="checkbox"/>
Minimum of 18" clearance between top of storage and sprinkler deflector?			<input type="checkbox"/>	<input type="checkbox"/>
Pressure regulating valves tested satisfactorily?	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Valves are locked or supervised?			<input type="checkbox"/>	<input type="checkbox"/>
Signs are provided on control valves?			<input type="checkbox"/>	<input type="checkbox"/>
<i>Sprinkler heads are less than:</i>				
<input type="checkbox"/> 1. 50 years for Standard Response			<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 2. 20 years for Fast Response	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 3. 10 years for Dry Type	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4. 5 years for solder type with extra high temperature rating	N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 5. A sample has been successfully tested within the last 10 years			<input type="checkbox"/>	<input type="checkbox"/>
System drained, inspection tag posted on system main valve and restored to normal operation?			<input type="checkbox"/>	<input type="checkbox"/>
System gauges replaced or calibrated every 5 years? Date:			<input type="checkbox"/>	<input type="checkbox"/>
Fire department connection in satisfactory condition, couplings free, caps in place, check valves tight?			<input type="checkbox"/>	<input type="checkbox"/>
Was the Fire Department Connection (FDC) internal inspection completed? (req every 5 years) Date:			<input type="checkbox"/>	<input type="checkbox"/>
Was debris found in the Fire Department Connection (FDC)			<input type="checkbox"/>	<input type="checkbox"/>
When was an internal pipe inspection performed? (req every 5 years) Date:	CPVC N/A <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
Testing agency has informed owner of legal obligation to perform inspections, testing and maintenance in accordance with NFPA 25.			<input type="checkbox"/>	<input type="checkbox"/>

