



# Tacoma Fire Department

Confidence Test Officer 253.591.5740

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

tfcto@cityoftacoma.org

<b>EMERGENCY GENERATOR</b> (One System per Report)		CTF 8004	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:	Annual: <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>							
Make:				Model Number:			
Size:				Tank Size:			
<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 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 110 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 110 standards for inspecting and testing requirements.

SYSTEM FUNCTIONALITY			YES	NO
Starts on power failure? (Trip main disconnect for the emergency panel)			<input type="checkbox"/>	<input type="checkbox"/>
Volts	Amps	Hertz (Full Load)		
Is generator run light on?			<input type="checkbox"/>	<input type="checkbox"/>
Adequate fuel supply for 2 hours under full load (minimum)?			<input type="checkbox"/>	<input type="checkbox"/>
Do transfer switches operate correctly?			<input type="checkbox"/>	<input type="checkbox"/>
Is any non-emergency equipment connected to the generator?			<input type="checkbox"/>	<input type="checkbox"/>
Does all required fire and safety equipment operate on generator?			<input type="checkbox"/>	<input type="checkbox"/>
Does connected load exceed generator capacity?			<input type="checkbox"/>	<input type="checkbox"/>
Has the generator been exercised once a month?			<input type="checkbox"/>	<input type="checkbox"/>
Are maintenance records up to date and posted?			<input type="checkbox"/>	<input type="checkbox"/>
Required copy of manufacture's certification available?			<input type="checkbox"/>	<input type="checkbox"/>
Is generator anchored to ground?			<input type="checkbox"/>	<input type="checkbox"/>

