



Tacoma Fire Department
 Confidence Test Officer 253.591.5740
 3471 S. 35th St. Tacoma, WA 98409
 fdcto@cityoftacoma.org

| | | | | | | | |
|---|----------------------------------|---------------------------------------|------------------------------|-------------------------------------|---------------------------------|--|--------------------------------|
| FIRE ALARM SYSTEM (One System per Report) | | CTF 8005 | 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"/> | 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: | | | |
| Location of 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: | | | |
| Problems Found: (Explain any "no" responses and use the back page if necessary) | | | | | | | |
| | | | | | | | |
| Corrections Made: | | | | | | | |
| | | | | | | | |
| 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 72 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 72 Standard for inspecting and testing requirements.

| ALARM SYSTEM FUNCTIONALITY | | YES | NO |
|--|------------------------------|--------------------------|--------------------------|
| Trouble signal with AC power off? | | <input type="checkbox"/> | <input type="checkbox"/> |
| System operates properly on battery backup? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Battery voltage (no load) | volts | | |
| Battery voltage (full load) (signals operating) | volts (signals operating) | | |
| Charge circuit voltage | volts | | |
| System operates properly on standby power? | | <input type="checkbox"/> | <input type="checkbox"/> |
| All signals operate on AC power | | <input type="checkbox"/> | <input type="checkbox"/> |
| Number of initiating circuits: | | | |
| Number of signal circuits: | | | |
| Does the system meet audibility standards? | | <input type="checkbox"/> | <input type="checkbox"/> |
| All circuits checked for electrical supervision? | | <input type="checkbox"/> | <input type="checkbox"/> |
| All auxiliary equipment operates (Elevators, fans, dampers)? | N/A <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Ventilation controls operate? | N/A <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Key to panel available? | | <input type="checkbox"/> | <input type="checkbox"/> |
| Operating instructions at panel? | | <input type="checkbox"/> | <input type="checkbox"/> |
| The elevator call down functions properly? | N/A <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Test record posted at panel? | | <input type="checkbox"/> | <input type="checkbox"/> |
| General alarm automatic time delay (minutes) | N/A <input type="checkbox"/> | | |
| Other devices (specify) | | <input type="checkbox"/> | <input type="checkbox"/> |
| Was a full walk through done? | | <input type="checkbox"/> | <input type="checkbox"/> |

| System Devices | Total Number of Units in Building | Total Number Units Tested | Test Results Acceptable | | |
|--------------------------------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | | | N/A | YES | NO |
| Bells, Horns & Chimes | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Voice Speakers (voice clarity) | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Operations Test | | | | | |
| 1. Smoke Detector | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct Detector | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sensitivity Test | | | | | |
| 1. Smoke Detector | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Duct Detector | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Heat Detectors | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler Flow Switches | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sprinkler Supervisory Switches | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Visual Alarm Devices | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Pull Stations | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Door Unlocks | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic Door Release | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Communication Equipment | Total Number of Units in Building | Total Number Units Tested | Test Acceptable | | |
|-------------------------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | | | N/A | YES | NO |
| Phone Sets | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Phone Jacks | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Call-in Signal | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

STAIRWAY DOOR LOCKS

| SYSTEM FUNCTIONALITY | YES | NO |
|--|--------------------------|--------------------------|
| Number of stories? | | |
| Do all locking devices release upon activation of the fire alarm system? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all locking devices release upon power failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the door to roof unlock? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do doors unlock but not unlatch? | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an access key at the control panel for doors that fail to unlock? | <input type="checkbox"/> | <input type="checkbox"/> |

| System Devices | Total Number of Units in Building | Total Number Units Tested | Test Acceptable | | |
|-----------------------|-----------------------------------|---------------------------|--------------------------|--------------------------|--------------------------|
| | | | N/A | YES | NO |
| Electric Strike | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Electric Bolt | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other locking devices | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Building is not equipped with Stairway Door Lock system.

