



Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35th St. Tacoma, WA 98409

tfdcto@cityoftacoma.org

FIRE PUMP (One System per Report)		CTF 8007	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"/>	Quarterly: <input type="checkbox"/>	Monthly: <input type="checkbox"/>	Weekly: <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>							
Location of Fire Pump:							
Make:		Model Number:		Power: Electric <input type="checkbox"/> Diesel <input type="checkbox"/>			
<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 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 Protection Systems requirements.

Electric Pump			
Starting Amperage	Leg 1	Leg 2	Leg 3
Running Amperage	Leg 1	Leg 2	Leg 3
Was 10 minute battery start test conducted on each battery?			Yes <input type="checkbox"/> No <input type="checkbox"/>
Was electric pump run for a minimum of 10 minutes?			Yes <input type="checkbox"/> No <input type="checkbox"/>

Diesel Pump		YES	NO
Diesel fuel tank at least 2/3 ^{rds} full?		<input type="checkbox"/>	<input type="checkbox"/>
Batteries fully charged?		<input type="checkbox"/>	<input type="checkbox"/>
Oil level full?		<input type="checkbox"/>	<input type="checkbox"/>
Coolant level full?		<input type="checkbox"/>	<input type="checkbox"/>
Antifreeze protection adequate?		<input type="checkbox"/>	<input type="checkbox"/>
Fuel filter/strainer serviced?		<input type="checkbox"/>	<input type="checkbox"/>
Was diesel pump run for a minimum 30 minutes?		<input type="checkbox"/>	<input type="checkbox"/>

Pump Controller's		YES	NO
Fire pump controller in service?		<input type="checkbox"/>	<input type="checkbox"/>
Controller voltage	VDC	Interrupting-Capacity	amps:
Jockey pump controller in service?		N/A <input type="checkbox"/>	<input type="checkbox"/>

Pump Test		YES	NO
Pump in service on inspection?		<input type="checkbox"/>	<input type="checkbox"/>
Pump starts from pressure drop?		<input type="checkbox"/>	<input type="checkbox"/>
Cut in pressure:	psi	Cut-out pressure:	psi
Was 300 GPM flow conducted?		<input type="checkbox"/>	<input type="checkbox"/>
Static pressure:		psi	
Discharge:	psi	Suction:	psi
Hose size:	inches	Tip Size:	inches
Pitot reading		GPM:	
Churn suction	psi	Churn discharge	psi
Jockey pump tested?		<input type="checkbox"/>	<input type="checkbox"/>
Shaft seals dripping water properly (1 drop per second)?		<input type="checkbox"/>	<input type="checkbox"/>
Pressure relief valve checked for proper operation?		<input type="checkbox"/>	<input type="checkbox"/>
Fire pump connected to fire alarm panel?		<input type="checkbox"/>	<input type="checkbox"/>
Suction screens inspected and cleared?		N/A <input type="checkbox"/>	<input type="checkbox"/>
Is pump operating as designed?		<input type="checkbox"/>	<input type="checkbox"/>
Has pump been tested weekly?		<input type="checkbox"/>	<input type="checkbox"/>
Pressure gauges replaced or calibrated every 5 years? Date:		<input type="checkbox"/>	<input type="checkbox"/>
Are maintenance records up to date and posted?		<input type="checkbox"/>	<input type="checkbox"/>

Transfer Switch		YES	NO
Power failure simulated during peak flow for automatic transfer switch activation?		N/A <input type="checkbox"/>	<input type="checkbox"/>
Connection made to alternate source?		N/A <input type="checkbox"/>	<input type="checkbox"/>
Emergency manual starting means operated without power?		N/A <input type="checkbox"/>	<input type="checkbox"/>

