



Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35th St. Tacoma, WA 98409

tfdcto@cityoftacoma.org

Flammable Finishes Applications (One System per Report - Annual)		CTF 8008	System Certification Given				
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		RED <input type="checkbox"/>		YELLOW <input type="checkbox"/>		GREEN <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:			
Type of System:	Wet Chem <input type="checkbox"/>	Dry Chem <input type="checkbox"/>	CO2 <input type="checkbox"/>	Water <input type="checkbox"/>	Other		
Type of Application:	Spray <input type="checkbox"/>	Powder Coating <input type="checkbox"/>	Dipping <input type="checkbox"/>	Electrostatic <input type="checkbox"/>	Reinforced plastics <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)	
<small>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 the following NFPA Standards: 13, 16, 17, and 2001. All discrepancies are noted and have been reported to the building owner or responsible person for corrective action.</small>							
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 appropriate NFPA Standard for inspecting and testing requirements.

SYSTEM FUNCTIONALITY		YES	NO	N/A
1.	Cylinders pressure gauge or weight is at acceptable level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	System is free of any damage or tampering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	All piping and conduit has proper hangers and brackets.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	All nozzles/sprinklers in proper positions and free of corrosion, loading or obstruction to spray.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	All nozzles are covered by blow off caps or other protective means.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Fusible links changed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Date of last change:			
8.	System operated from most remote fusible link?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	System operated properly from all manual actuators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Manual actuators are unobstructed and in path of egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Date of last hydrostatic test of cylinder:			
12.	Is system connected to an alarm system? If yes, did alarm activate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	System is fully operational and free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

