



Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35th St. Tacoma, WA 98409

tfdcto@cityoftacoma.org

FOAM SYSTEM (One System per Report)		CTF 8009	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"/>				
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:			
<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 NFPA 25 Standard. 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 NFPA 25 Standards for Inspection, Testing, and Maintenance of Water Based Fire Protection Systems.

SYSTEM FUNCTIONALITY ANNUAL		YES	NO
Do all the proportioning devices (their accessory equipment) and foam makers function properly?		<input type="checkbox"/>	<input type="checkbox"/>
Is the above-ground piping in good condition and does it have the proper drainage pitch?		<input type="checkbox"/>	<input type="checkbox"/>
Have all strainers been inspected and cleaned as necessary?		<input type="checkbox"/>	<input type="checkbox"/>
Do control valves (including all automatic and manual actuating devices) operate properly?		<input type="checkbox"/>	<input type="checkbox"/>
Are the foam concentrate and its tank or storage containers free of excessive sludging or deterioration?		<input type="checkbox"/>	<input type="checkbox"/>
Are tanks or containers full? (Do they allow adequate space for expansion)		<input type="checkbox"/>	<input type="checkbox"/>
Date of last 5 year performance evaluation of system?			
Are operating and maintenance instructions posted at control equipment?		<input type="checkbox"/>	<input type="checkbox"/>
Are there trained personnel on site to operate the equipment?		<input type="checkbox"/>	<input type="checkbox"/>

5 YEAR		YES	NO
Does visual inspection of normally dry piping indicate it is free of corrosion or mechanical damage?		<input type="checkbox"/>	<input type="checkbox"/>
If the visual test indicates a problem, then the piping must be tested. Does the piping pass the pressure test?	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did spot-checking of underground piping find it to be free of deterioration?		<input type="checkbox"/>	<input type="checkbox"/>
Date of actual flow test – using foam?			
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"/>

