



Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35th St. Tacoma, WA 98409

tfdcto@cityoftacoma.org

SPECIAL SUPPRESSION SYSTEMS (One System per Report)		CTF 8013	System Certification Given					
CONFIDENCE TEST <input type="checkbox"/>		REPAIRS <input type="checkbox"/>		RED <input type="checkbox"/>		YELLOW <input type="checkbox"/>		GREEN <input type="checkbox"/>
SYSTEM TYPE	HALON <input type="checkbox"/>	CO 2 <input type="checkbox"/>	FM 200 <input type="checkbox"/>	SPECIFY OTHER:				
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 2001 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 2001 Standard for inspecting and testing requirements.

EXTINGUISHING AGENT				
Agent Bottles	#1	#2	#3	#4
Design Weight				
Actual Weight				

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"/>
Key to panel available?		<input type="checkbox"/>	<input type="checkbox"/>
Operating instructions at panel?		<input type="checkbox"/>	<input type="checkbox"/>
Test record posted at panel?		<input type="checkbox"/>	<input type="checkbox"/>
Hoses checked for damage?		<input type="checkbox"/>	<input type="checkbox"/>
Are warning signs installed?		<input type="checkbox"/>	<input type="checkbox"/>
Was time delay tested for operation?		<input type="checkbox"/>	<input type="checkbox"/>

System Devices	Total Number of Units in Building	Total Number Units Tested	Test Results Acceptable	
			YES	NO
Bells, Horns & Chimes			N/A <input type="checkbox"/>	<input type="checkbox"/>
Voice Speakers (voice clarity)			N/A <input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors			N/A <input type="checkbox"/>	<input type="checkbox"/>
Heat Detectors			N/A <input type="checkbox"/>	<input type="checkbox"/>
Duct Detectors			N/A <input type="checkbox"/>	<input type="checkbox"/>
Visual Alarm Devices			N/A <input type="checkbox"/>	<input type="checkbox"/>
Manual Pull Stations			N/A <input type="checkbox"/>	<input type="checkbox"/>
Automatic Door Unlocks			N/A <input type="checkbox"/>	<input type="checkbox"/>
Automatic Door Release			N/A <input type="checkbox"/>	<input type="checkbox"/>
Manual abort switch			N/A <input type="checkbox"/>	<input type="checkbox"/>

