



# Tacoma Fire Department

Confidence Test Officer 253.591.5740

3471 S. 35<sup>th</sup> St. Tacoma, WA 98409

tfdcto@cityoftacoma.org

<b>STANDPIPE SYSTEM ANNUAL REPORT</b> (One System per Report)		CTF 8015	System Certification Given				
CONFIDENCE TEST <input type="checkbox"/>	REPAIRS <input type="checkbox"/>		RED <input type="checkbox"/>		YELLOW <input type="checkbox"/>		GREEN <input type="checkbox"/>
Standpipe Type/Class:	Dry <input type="checkbox"/>	Wet <input type="checkbox"/>	Class I <input type="checkbox"/>	Class II <input type="checkbox"/>	Class III <input type="checkbox"/>		
Date of Inspection:							
<i>Occupancy Information</i>							
Occupancy Name:				Occupancy Address:			
Building Owner:		Phone Number:		Owner Address:			
Responsible Person:				Phone Number:			
<i>System Information (where applicable)</i>							
Number of Stories:							
Location of System (or area of coverage):							
<i>Testing Agency Information</i>							
City of Tacoma Fire Protection License:		Washington State Contractor License:			NICET Number:		
Testing Agency Name:				Address:			
Phone:				E-mail:			
<b>Problems Found:</b> <i>(Explain any "no" responses and use the back page if necessary)</i>							
<b>Corrections Made:</b>							
Date Corrected:		Name: (Print)		(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 checklist 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 NFPA 25 for inspection and testing requirements.

<b>ANNUAL STANDPIPE INSPECTION</b>		<b>YES</b>	<b>NO</b>
All valves to discharge outlets are in the closed position		<input type="checkbox"/>	<input type="checkbox"/>
Supply valves are open		<input type="checkbox"/>	<input type="checkbox"/>
Fire department connection is visible, unobstructed and connections swivel freely and caps are in place		<input type="checkbox"/>	<input type="checkbox"/>
Date of last Hydrostatic Test:	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of last full Flow Test:	N/A <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partial flow test to move PRV from its seat?		<input type="checkbox"/>	<input type="checkbox"/>

<b>ANNUAL HOSE INSPECTION</b>		<b>YES</b>	<b>NO</b>
Hoses examined for water, mildew, cuts, abrasions and deterioration		<input type="checkbox"/>	<input type="checkbox"/>
Hose drained, rehung or replaced		<input type="checkbox"/>	<input type="checkbox"/>
Hoses have working nozzles		<input type="checkbox"/>	<input type="checkbox"/>
Date of last Hydrostatic Test:		<input type="checkbox"/>	<input type="checkbox"/>

