Seattle Fire Prevention Division
220 3rd Avenue South
Seattle, WA 98104
SFD_FMO_SystemsTesting@seattle.gov

SYSTEM TEST REPORT

SPRINKLER		STATUS		
☐ Confidence Test	☐ Deficiency Repair Test	☐ Red	☐ Yellow	☐ White

Occupancy Information

Premises Name:	Premises Address:
Contact Name: Contact Address:	Contact Phone: Contact Email:
Central Station Monitoring: ☐ Yes ☐ No Monitoring Company Name:	Monitoring Required: ☐ Yes ☐ No Monitoring Company Phone:

Sprinkler Inventory (M-mandatory)

Fields are mandatory for new systems, optional for existing systems, except where indicated.

System Info

System Types (select all that apply) (M):

Describe system:
(Example: 2 dry risers and 1 pre-action)

Pipe schedule or hydraulic calculated? ☐ Pipe schedule ☐ Calculated ☐ N/A

Describe what areas are covered, and note any areas not covered:

Original Time for Water to Inspectors Test (trip, flood system, and get out of port) from Acceptance Test (for subsequent 3 year full wet trip test results see individual test reports): ☐ N/A

Testing Frequency (M) ☐ Monthly ☐ Quarterly ☐ Semi-annual ☐ Annual

Location of Monitoring Panel (if monitored): ☐ N/A

Due Dates

Standard Sprinkler Heads Sample Testing Test performed date (month/year):	Next Due Date (month/year):
Quick Response Sprinkler Heads Sample Test performed date (month/year):	Next Due Date (month/year): ☐ None
Dry Type Sprinkler Heads Sample Testing Test performed date (month/year):	Next Due Date (month/year): ☐ None
Full Wet Trip Test (every 3 years) Test performed date (month/year):	Next Due Date (month/year):
Gauge Comparison Test Last Test Date (month/year):	Next Due Date (month/year):
FDC Obstruction Investigation Last Test Date (due every 5 years):	
Piping Obstruction Examination Last Test Date (due every 5 years):	

Riser Info

Riser Number (assign each standpipe riser a unique sequential number like 1, 2, 3…) (M):

Riser Type (M): ☐ Wet ☐ Dry	Riser Location (M): ☐ N/A
Riser Diameter: ☐ N/A	Main Drain Diameter: ☐ N/A
Initial Static Pressure at the base of the riser (from the Acceptance Test): ☐ N/A	Initial Residual Pressure from Main Drain Test at base of the riser (from Acceptance Test): ☐ N/A

Inspection & Testing Agency Information

Company Name: Address:	Phone: Emergency Phone: Email:

Inspector/Tester Information

Inspector Name:
Certification No.:

Test Information

Date of Test:

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 CURRENT FIRE CODE AND REFERENCED NFPA 25 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements.

PRE-TEST CHECKS

AVOID "FALSE ALARMS" TO FIRE DEPARTMENT BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

1	All signs, placards, and labels are provided on doors and system controls.	☐ Yes	☐ No	
2	There is an up-to-date log of any required inspections and testing of the system(s) listed in inventory above.	☐ Yes	☐ No	

SPRINKLER HEADS

3	All sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage. Exception: sprinkler heads in NFPA 25 “concealed” spaces do not require inspection.	☐ Yes	☐ No	
4	The sprinkler coverage appears to be OK per NFPA standards.	☐ Yes	☐ No	☐ N/A
5	The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If “No”, have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. **If tested or replaced, contractors must also add date information in inventory section of this report.**	☐ Yes	☐ No	☐ N/A
6	The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If “No”, have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. **If tested or replaced, contractors must also add date information in inventory section of this report.**	☐ Yes	☐ No	☐ N/A
7	The dry type sprinkler heads are less than 15 years old or within a prescribed testing period. If “No”, have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter. **If tested or replaced, contractors must also add date information in inventory section of this report.**	☐ Yes	☐ No	☐ N/A
8	The proper number of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location.	☐ Yes	☐ No	

HEAT ACTIVATED DEVICES

9	Heat actuation devices function on pre-action and deluge systems.	☐ Yes	☐ No	☐ N/A

FLOW TESTS

10	The system(s) passed the Main Drain flow test when performed at the base of each riser.	☐ Yes	☐ No	
11	The Main Drain is the proper size.	☐ Yes	☐ No	

Riser	Riser location	Static pressure at base of riser (psi)	Flow pressure at base of riser (psi)	Return to static pressure (min/sec)

ALARMS AND SUPERVISORY DEVICES

12	Panel identifies flow switch activation correctly. Only use N/A if sprinkler is not monitored by a fire alarm.	☐ Yes	☐ No	☐ N/A
13	All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly. Only use N/A if sprinkler is not monitored by a fire alarm.	☐ Yes	☐ No	☐ N/A
VALVES				
14	Sprinkler control valve pressure regulating valves (PRVs) are set properly. For hose PRVs see 5 YEAR section.	☐ Yes	☐ No	☐ N/A
15	All supply valves are secured or supervised.	☐ Yes	☐ No	
16	All supply valves have been lubricated (where required)	☐ Yes	☐ No	
17	The maintenance on the system gauges is up-to-date.	☐ Yes	☐ No	
Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated.				
5 YEAR TESTS INCLUDING OBSTRUCTION INVESTIGATION				
18	The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with NFPA 25 Chap. 14.	☐ Yes	☐ No	☐ N/A
19	The 5-year hose PRV test is up-to-date in accordance with NFPA 25.	☐ Yes	☐ No	☐ N/A
20	The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14. Date of Test, If Known: _____	☐ Yes	☐ No	☐ N/A
21	The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve.	☐ Yes	☐ No	☐ N/A
FIRE DEPARTMENT CONNECTIONS				
22	The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street.	☐ Yes	☐ No	☐ N/A
23	All FDCs have protective plugs or covers.	☐ Yes	☐ No	☐ N/A
24	If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required)	☐ Yes	☐ No	☐ N/A
25	All caps and plugs have at least 12” clearance for operating wrenches.	☐ Yes	☐ No	☐ N/A
26	All swivels turn freely.	☐ Yes	☐ No	☐ N/A
RECALLS				
27	The inspector did not find recalled devices during the visual inspection. Answer "NO" to trigger a deficiency due to devices under recall. Note: the technician’s inspection is visual and from the floor level in accessible areas.	☐ Yes	☐ No	
ALARM MONITORING				
28	A signal was received at the Central Station monitoring company.	☐ Yes	☐ No	☐ N/A
FOAM GENERATING EQUIPMENT				
29	Control valves, including all automatic and manual actuating devices operate properly.	☐ Yes	☐ No	☐ N/A
30	All control valves are secured or supervised.	☐ Yes	☐ No	☐ N/A
31	Supervisory switches operate properly.	☐ Yes	☐ No	☐ N/A
32	The alarm indication device operates properly.	☐ Yes	☐ No	☐ N/A
33	Alarm bells operate properly.	☐ Yes	☐ No	☐ N/A
34	All of the proportioning devices, their accessory equipment, and foam makers have been inspected, tested, and are functioning properly.	☐ Yes	☐ No	☐ N/A
35	A sample of the foam concentrate was sent to a testing laboratory and passed the analysis.	☐ Yes	☐ No	☐ N/A
36	The above-ground piping is in good condition and drains properly.	☐ Yes	☐ No	☐ N/A
37	The Underground piping has been spot-checked for deterioration within the last 5 years as required by 2016 NFPA 11 Sec. 12.3.3	☐ Yes	☐ No	☐ N/A

38	All the strainers have been inspected and cleaned quarterly (by maintenance) and as necessary during confidence testing.	☐ Yes	☐ No	☐ N/A
DRY SPRINKLER SYSTEMS				
39	Air compressor(s) refills system in 30 minutes or less.	☐ Yes	☐ No	☐ N/A
40	The system's low points were drained and the system was restored to service.	☐ Yes	☐ No	☐ N/A

System	System location	System tripped in (seconds)

41	The system(s) passed the trip test. (Also compare to values at time of system acceptance (preferred) or other previous test result as stored in inventory section.)	☐ Yes	☐ No	☐ N/A
42	This service visit included full wet trip test? Next full trip test due date: _____	☐ Yes	☐ No	
43	The systems reported on this test are current and not past due for the full trip test.	☐ Yes	☐ No	

FINAL CHECKS, MANDATORY TAGGING, AND REPORTS

Put the Fire Alarm/monitoring system back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings.)

44	The system was left in service.	☐ Yes	☐ No	
45	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on or adjacent to the sprinkler control valve indicating the system's status consistent with my inspection today.	☐ Yes	☐ No	
	The color of the tag is:	☐ Red	☐ Yellow	☐ White
46	I will provide a copy of the confidence test report to the owner.	☐ Yes	☐ No	
47	I will submit this test report to the fire department through TCE.	☐ Yes	☐ No	

By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.

☐ I accept.	☐ I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)

SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

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