



BELLINGHAM FIRE DEPARTMENT

Life Safety Division
1800 Broadway
Bellingham, WA 98225
360-778-8420

SHAFT PRESSURIZATION SYSTEMS CONFIDENCE TEST REPORT

ADDRESS: _____

BUSINESS NAME: _____

INSPECTED BY: _____

DATE: _____ QUARTERLY TEST: _____ ANNUAL TEST: _____

1. System operates upon actuation of fire alarm system while in normal power. Yes [] No []
2. System operates upon actuation of fire alarm system while in emergency mode Yes [] No []

Shaft pressure readings (in inches of water):

First floor: Fifth floor: Tenth floor: Fifteenth floor: Twentieth floor:

GENERAL COMMENTS

Problems Found: _____

Corrections Made: _____

Correction date: _____ By: _____

This is to certify that the shaft pressurization system has been properly tested and inspected for reliability to cover the items listed in this report; is consistent with manufacturer's requirements, and all corrections have been made.

Signature of tester: _____

Agency: _____ Telephone: _____