



BELLINGHAM FIRE DEPARTMENT

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

**ELEVATOR FIRE CONTROL SYSTEM
CONFIDENCE TEST REPORT**

Address: _____
Business Name: _____
Elevator Manufacturer: _____ Number of Elevators: _____
Date: _____

FIRE CONTROL MODE: **MANUAL ONLY** **PHASE I** **PHASE I & II**

GENERAL	YES	NO	N/A
1. Is elevator bypass switch clearly marked?	[]	[]	[]
2. Are operating instructions clearly posted?	[]	[]	[]
Phase I []			
Phase II []			
3. Is elevator bypass key available?	[]	[]	[]
4. Is the elevator telephone or fire fighter's phone jack in the car connected to the fire alarm control or other answering service?	[]	[]	[]
5. Does emergency alarm function?	[]	[]	[]
TEST IN NORMAL POWER			
1. Do elevators stop at designated homing floor with doors open?	[]	[]	[]
2. Do elevators return to an alternate floor if alarm is on homing floor?	[]	[]	[]
3. Does bypass key override smoke detector operation?	[]	[]	[]
4. Does Phase II control override smoke detector operation and allow free car travel?	[]	[]	[]
5. Will elevators go up or down from any floor by operating controls inside car?	[]	[]	[]
TEST IN EMERGENCY POWER			
1. Do elevators stop at designated homing floor with doors open?	[]	[]	[]
2. Do elevators return to an alternate floor if alarm is on homing floor?	[]	[]	[]
3. Does bypass key override smoke detector operation?	[]	[]	[]
4. Does Phase II control override smoke detector operation and allow free car travel?	[]	[]	[]
5. Will elevators go up or down from any floor by operating controls inside car?	[]	[]	[]

GENERAL COMMENTS:

Problems Found: _____

Corrections Made: _____

This is to certify the elevator fire control has been inspected and tested for reliability to cover the items in this report, is consistent with manufacturer's requirements, and all corrections have been made.

Signature of Tester: _____ **Agency:** _____ **Phone:** _____

Copy Distribution:

White: Fire Department

Yellow: Premises

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