



Bellingham Fire Department

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

FIRE ALARM CONFIDENCE TEST REPORT

ADDRESS: _____ DATE: _____

BUSINESS: _____ PHONE: _____

GENERAL

- | | | |
|--|---------|----------------|
| 1. Trouble signal operates when AC power is disconnected. | Yes [] | No [] |
| 2. System and signaling devices operate when on stand-by power. | Yes [] | No [] |
| 3. All signaling devices operate on AC power. | Yes [] | No [] |
| 4. Trouble signal operates when phone line disconnected. | Yes [] | No [] |
| 5. All circuits checked for electrical supervision, fault and stray voltage. | Yes [] | No [] |
| 6. Control panel checks made per manufacturer's specifications. | Yes [] | No [] |
| 7. All auxiliary equipment (fans, doors, elevators) operate on alarm activation. | N/A [] | Yes [] No [] |
| 8. Central station received trouble alarm and fire alarms. | N/A [] | Yes [] No [] |
| 9. Operating instructions posted at panel. | Yes [] | No [] |

FACP Key Location _____ AC Power Source in Panel _____ Circuit # _____

SYSTEM TESTS

| SYSTEM TESTS | | | | BATTERIES: NEW DATE/AGE | |
|----------------------------|---------|----------|----------|-------------------------|--------------|
| 1. Control Panel Model: | N/A [] | Pass [] | Fail [] | 1. ____/____ | 4. ____/____ |
| 2. Alarm Transmitter: | N/A [] | Pass [] | Fail [] | 2. ____/____ | 5. ____/____ |
| 3. Charger(s): | N/A [] | Pass [] | Fail [] | 3. ____/____ | 6. ____/____ |
| Batteries (static voltage) | 1. | 2. | 3. | 4. | 5. |
| Batteries (full load) | 1. | 2. | 3. | 4. | 5. |

| Type of Equipment | Test | Tot | Sat. Perf. | | | Type of Equipment | Test | Tot | Sat. Perf. | | |
|--------------------------------|------|-----|------------|-----|----|-----------------------------|------|-----|------------|-----|----|
| | | | N/A | Yes | No | | | | N/A | Yes | No |
| 1. Manual Stations | | | | | | 10. Visual Devices | | | | | |
| 2. Rate of Rise Heat Detect | | | | | | 11. Sprink Tamp&PIV Valve | | | | | |
| 3. Fixed Temp Heat Detect | | | | | | 12. Sprink Water Flow | | | | | |
| 4. Spot Type Smoke Detect | | | | | | 13. Sprink Low/Hi Air Valve | | | | | |
| 5. Duct Type Smoke Detect | | | | | | 14. Elev. Recall System | | | | | |
| 6. Beam Type Smoke Detect | | | | | | 15. Door Holders | | | | | |
| 7. Sensitivity Test Performed | | | | | | 16. Emergency Instant Mess. | | | | | |
| 8. Audible/Visual Comb Devices | | | | | | 17. Annunciators | | | | | |
| 9. Audible Devices | | | | | | | | | | | |

Problems Found/System Notes: _____

Corrections Made: _____

CERTIFICATION

This is to certify the fire alarm/detection system has been properly tested and inspected for reliability to cover the items on this report; Is consistent with manufacturer's recommendations; and all corrections have been made.

Signature of tester: _____ Company: _____ Date: _____

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