



# BELLINGHAM FIRE DEPARTMENT

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

## FOAM SPRINKLER SYSTEM CONFIDENCE TEST REPORT

ADDRESS: \_\_\_\_\_

BUSINESS: \_\_\_\_\_ DATE: \_\_\_\_\_ SYSTEM CLASS: \_\_\_\_\_

### GENERAL

- |  |         |        |
|--|---------|--------|
| 1. Are operating and maintenance instructions posted at control equipment? | Yes [ ] | No [ ] |
| 2. Are there trained personnel on site to operate the equipment?           | Yes [ ] | No [ ] |

### ANNUAL TEST

- |   |         |        |
|---|---------|--------|
| 1. Have all proportioning devices, accessory equipment and foam makers been inspected for proper condition?     | Yes [ ] | No [ ] |
| 2. Has all above-ground piping been inspected for proper condition and drainage pitch?                          | Yes [ ] | No [ ] |
| 3. Have all strainers been inspected and cleaned as necessary?  | Yes [ ] | No [ ] |
| 4. Have control valves, including actuating devices, been tested for proper operation?                          | Yes [ ] | No [ ] |
| 5. Has the foam concentrate and its storage containers been inspected for Sludge accumulation or deterioration? | Yes [ ] | No [ ] |

### FIVE YEAR TEST

- |   |         |        |
|---|---------|--------|
| 1. Pressure test conducted on normally dry piping.    | Yes [ ] | No [ ] |
| 2. Underground piping spot-checked for deterioration. | Yes [ ] | No [ ] |
| 3. Flow test using foam conducted.                    | Yes [ ] | No [ ] |

Problems Found: \_\_\_\_\_

Corrections Made: \_\_\_\_\_

Correction Date: \_\_\_\_\_ By: \_\_\_\_\_

### CERTIFICATION

This is to certify foam sprinkler system and equipment has been properly tested and inspected for reliability to cover the items in this report, is consistent with manufacturer's requirements, and all corrections have been made.

SIGNATURE OF TESTER: \_\_\_\_\_

COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

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