



BELLINGHAM FIRE DEPARTMENT

Life Safety Division
1800 Broadway
Bellingham, WA 98225
360-676-6832

**AUTOMATIC SPRINKLER SYSTEM
CONFIDENCE TESTING REPORT**

Address: _____ Date _____

Business Name: _____ System No. or Location: _____

Owner's Section:	
A. Is the building occupied?	Yes [] No []
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	Yes [] No []
C. Are all fire protection systems in service?	Yes [] No []
D. Has the system remained in service without modification since the last inspection?	Yes [] No []
E. Has the system gone into alarm mode since the last inspection?	Yes [] No []

Number of Devices

FLAWS _____
TAMPERS _____
LOW AIR _____
ELECT BELL _____
MOTOR GONG _____
OTHER _____
LOCAL ALARM ONLY _____

GENERAL

1. Any sprinkler heads subject to recall.	Yes [] No []	7. Spare sprinklers and wrench are available.	Yes [] No []
2. Valves have been exercised to verify operation.	Yes [] No []	8. Pumper connection/clappers are unobstructed.	Yes [] No []
3. Valves are properly sealed or supervised.	Yes [] No []	9. Pumper connections backflushed.	Yes [] No []
4. All gauges calibrated or tested for reliability.	Yes [] No []	10. All flow and supervisory switches tested.	Yes [] No []
5. Sprinklers free of damage, corrosion or loading.	Yes [] No []	11. System inspected and lubricated where necessary.	Yes [] No []
6. Sprinklers are less than 50 years old.	Yes [] No []	12. Signs are provided on controlling valves.	Yes [] No []

WET PIPE SYSTEMS

1. Design psi required at base of riser. _____ psi	
2. Main drain flow test conducted.	Yes [] No []
Static pressure [] psi	Residual pressure [] psi
3. Pressure regulating valves tested.	Yes [] No [] N/A []

DRY PIPE/DELUGE SYSTEMS

1. Trip test conducted.	Yes [] No []
System tripped in [] seconds. Trip point air pressure [] psi.	
Water appeared at inspector's test in [] seconds.	
2. Main drain flow test conducted. Static air pressure [] psi	Yes [] No []
Static pressure [] psi	Residual pressure [] psi
3. System drained and returned to normal operation.	Yes [] No []
4. Compressor refills system in maximum 30 minutes.	Yes [] No []
5. Heat actuated devices tested.	Yes [] No [] N/A []

Problems Found: _____

Corrections made: _____

CERTIFICATION

This is to certify that this sprinkler system has been properly tested and inspected for reliability to cover the items listed in this report and is consistent with manufacturer's recommendations.

Signature of tester: _____ Company: _____

Telephone _____ State License No. _____ Expiration Date _____

Signature of owner or representative: _____

Copy Distribution

White-Fire Department

Yellow-Premises

Pink-Inspector