



BELLEVUE FIRE DEPARTMENT
 Fire Prevention Division
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 Bellevue, WA 98004
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FIRE PROTECTION SYSTEM CONFIDENCE TEST REPORT -Cover Sheet-

DATE INSPECTED :	
PROPERTY ADDRESS :	
PROPERTY NAME :	PROPERTY PHONE : ()

COMPANY PERFORMING TEST :	
ADDRESS :	
TECHNICIAN PERFORMING TEST: (PRINT NAME)	
WA STATE CERTIFIED ITT / LEVEL II / III NUMBER :	E MAIL :
COMPANY STATE LIC. NO :	PHONE :

SYSTEMS INVENTORY

ACCOUNT FOR ALL SYSTEMS, TYPE AND QUANTITY. MARK ONLY THE SYSTEM(S) THAT APPLY TO THIS COVER PAGE.

NOTE : ITEMS WITH A " ✦ " DENOTATION SHALL BE SUBMITTED ON APPROVED BELLEVUE FIRE DEPARTMENT FORMS.

UL 300 # OF SYSTEMS: _____ ✦	<input type="checkbox"/>	FM 200 # OF SYSTEMS: _____	<input type="checkbox"/>	STANDPIPES (WET) ✦ # OF RISERS: _____	<input type="checkbox"/>	SPRK (PREACTION) ✦ # OF SYSTEMS: _____	<input type="checkbox"/>
FIRE PUMPS QUANTITY: _____	<input type="checkbox"/>	SMOKE CONTROL (DEDICATED)	<input type="checkbox"/>	STANDPIPES (DRY) ✦ # OF RISERS: _____	<input type="checkbox"/>	SPRK (DELUGE) ✦ # OF SYSTEMS: _____	<input type="checkbox"/>
FIRE ALARM # OF PANELS: _____ ✦	<input type="checkbox"/>	SMOKE CONTROL (NON-DEDICATED)	<input type="checkbox"/>	SPRK (WET) ✦ # OF SYSTEMS: _____	<input type="checkbox"/>	SPRK (DRY) ✦ # OF SYSTEMS: _____	<input type="checkbox"/>
HALON 1301 # OF SYSTEMS: _____	<input type="checkbox"/>	STAIR PRESSURIZATION # OF SYSTEMS: _____	<input type="checkbox"/>	P.R.V.'s # OF STANDPIPES: _____	<input type="checkbox"/>	OTHER: _____ # OF SYSTEMS: _____	<input type="checkbox"/>

PROBLEMS FOUND : YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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CORRECTIONS MADE: YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
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I HEREBY CERTIFY THAT THE FIRE PROTECTION SYSTEM LISTED ABOVE HAS BEEN PROPERLY TESTED AND INSPECTED FOR RELIABILITY. ALL MAINTENANCE, TESTING, INSPECTIONS, AND REPAIRS ARE CONSISTENT WITH THE INTERNATIONAL FIRE CODE AND NFPA STANDARDS. DISCREPANCIES AND DEFICIENCIES HAVE BEEN REPORTED TO THE OWNER OR OWNER'S REPRESENTATIVE FOR CORRECTIVE ACTION AND REPORTS FORWARDED TO THE BELLEVUE FIRE DEPARTMENT.

*****THE SYSTEM ABOVE HAS BEEN RESTORED TO SERVICE AND IS FULLY OPERATIONAL*****

TECHNICIAN NAME :	PRINT NAME:	SIGN :
OWNERS REPRESENTATIVE :	PRINT NAME:	SIGN :