

# Seattle Fire Prevention Division

220 3<sup>rd</sup> Avenue S.

Seattle, WA 98104-2608

Email: SFD\_FMO\_SystemsTesting@seattle.gov



System Inspection/Test Report				
CLEAN AGENT		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White
<b>Occupancy Information</b>				
Occupancy Name:				
Occupancy Address:				
Contact Name:		Contact Phone:		
Contact Address:		Contact Email:		
Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No		Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Monitoring Company Name:		Monitoring Company Phone:		
<b>Inspection &amp; Testing Agency Information</b>				
Name:		Phone:		
Address:		Emergency Phone:		
		Email:		
<b>Inspector/Tester Information</b>				
Name:		Phone:		
SFD Certification No.: SCP-_____				
<b>Clean Agent System</b>				
Date of Test:				
The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Fire Code used by the AHJ and adopted NFPA standards 2001: Clean Agent Fire Extinguishing Systems for inspecting and testing requirements.				
<b>GENERAL</b>				
AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.				
1. All signs, placards, and labels are provided on doors, system controls, and electrical circuits. (NFPA 2001-18 4.3.5.5, 4.3.5.5.1)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. Manufacturer's instructions and system design documents were used for inspections and testing. (NFPA 2001-18 8.2.1)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>RECALLS</b>				
3. The inspector did not find recalled devices during the visual inspection. Note: The inspector's inspection is a visual cursory inspection from the floor level in accessible areas.		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If no, identify type and location:				

<b>ENCLOSURES, NOZZLES, PIPING, AND HOSE</b>		
4. Enclosure was inspected for integrity. (NFPA 2001-18 8.4.5.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Enclosure penetrations are sealed. (NFPA 2001-18 8.5.4.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. All hose was visually inspected and does not have visual damage or defects. (NFPA 2001-18 8.5.4.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. All hose five years old and older has been tested in 5-year intervals in accordance with NFPA 2001 or replaced. (NFPA 2001-18 8.7.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>CYLINDERS AND EXTINGUISHING AGENT</b>		
8. For halocarbon clean agents, the quantity loss is <5% and the pressure loss is <10% in each cylinder from the required quantity and pressure of the extinguishing agent. For inert gas clean agents, the pressure loss is 5% or less. (NFPA 2001-18 8.3.1)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. There is an up-to-date log containing a record of semi-annual checks for the agent quantity and pressure on each cylinder. (NFPA 2001-18 8.3.7)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10. All cylinders with an unacceptable quantity loss were refilled or replaced. (NFPA 2001-18 8.3.2, 8.3.4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. All cylinders are inspected and tested according to NFPA 2001 at the proper intervals. (2001-18 8.6.1.1, 8.6.1.2, 8.6.2)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>INITIATING AND ALERTING COMPONENTS</b>		
12. All detection/initiating devices respond properly when tested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. All alarm functions take place upon receipt of a signal from the detection devices.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. All alerting devices work properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
15. All supervised circuits send the proper signals to the control panel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16. All Manual pull stations are readily accessible, accurately identified, and properly protected to prevent damage. (NFPA 2001-18 7.6.12.3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>RELEASE DEVICES</b>		
17. The automatic release device(s) work properly, including pre-discharge time delays. (Note: Confidence testing of the release device does not require release of the clean agent after the initial full discharge acceptance test. However, full discharge tests may be required after changes to the protected area or system.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18. All manual stations used to release agents work properly and require two separate and distinct actions for operation. (NFPA 2001-18 7.6.12.5)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>ABORT DEVICES</b>		
19. The manual abort switch is a dead-man type switch and functions properly. (NFPA 2001-18 7.6.14)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>AUXILIARY FUNCTIONS</b>		
20. All auxiliary functions such as alarm-sounding or displaying devices, remote annunciators, air-handling shutdown, damper operation, and power shutdown operate properly in accordance with system requirements and design specifications. (NFPA 2001-18 7.6.6)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
21. The alarms can be silenced, when allowed, without affecting other system functions. (NFPA 2001-18 7.6.7)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>SYSTEM MONITORING</b>		
22. The control panel sends the proper signals to the remote FACP. (NFPA 2001-18 7.7.3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
23. The fire protection system, including the alarm system, works correctly on standby power during a simulated power failure. (NFPA 2001-18 7.7.4)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
24. A signal was received at the Central Station monitoring company. (NFPA 2001-18 7.7.3.2, 7.7.3.3)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>TRAINING</b>	
25. There is documentation that all personnel working in enclosures protected by a clean agent system have received up-to-date training regarding clean agent safety issues. (NFPA 2001-18 7.9.2)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>FINAL CHECKS</b>	
Put the Fire Alarm System back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings).	
26. The system was left in service.	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. The confidence test report will be given to the owner in either electronic or paper form and a status tag was posted on the clean agent system.	<input type="checkbox"/> Yes <input type="checkbox"/> No
By accepting this statement, I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action. I also certify that the report indicates the correct field inspection/repair date, and I have placed an accurate red, yellow, or white tag on the system indicating its status consistent with my inspection today and SFD Administrative Rule 9.02. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.	
I am authorized to submit this report for the certified technician who has accepted this statement.	
<b>SIGNATURE (OPTIONAL)</b>	
Signature of Technician	
Signature of Building Representative	

**This Document Is For Informational Purposes Only**

To submit reports to SFD, use the online forms at [www.thecomplianceengine.com](http://www.thecomplianceengine.com).