

Seattle Fire Prevention Division

220 3rd Avenue S.

Seattle, WA 98104-2608

Email: SFD_FMO_SystemsTesting@seattle.gov



System Test Report

STANDPIPE		STATUS		
<input type="checkbox"/> Confidence Test	<input type="checkbox"/> Deficiency Repair Test	<input type="checkbox"/> Red	<input type="checkbox"/> Yellow	<input type="checkbox"/> White

Occupancy Information

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:

Inspection & Testing Agency Information

Name:	Phone:
Address:	Emergency Phone:
	Email:

Inspector/Tester Information

Name:	Phone:
SFD Certification No.: SCP-_____	

Standpipe

Date of Test:

The items on the checklists below shall be inspected and tested. This list may 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 Chapter 9, related regulations, and NFPA 25 for inspecting and testing requirements.

PRE-TEST CHECKS

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 and system controls. Yes No

TESTING AND INSPECTION CHECKLIST

2. The bldg. is: Fully Sprinklered Partially Sprinklered Not Sprinklered

3. The standpipe is located in areas that could be damaged by water if a leak occurs, and passed the air pressure test at 25 psi (1.7 bar) prior to introducing water to the system. (NFPA 25-20 6.3.1.1) Yes No N/A

4. The standpipe passed the 5-year hydrostatic test in accordance with NFPA 25 (manual dry standpipe systems and semi-automatic dry standpipe systems only) (NFPA 25-20 6.3.2.1) Yes No N/A

5. The inspector did not find recalled devices during the visual inspection. Note: This inspection is a cursory visual assessment from the floor level in accessible areas. Yes No

If no, identify type and location:

FLOW TESTS (A flow test is required every five years for all automatic standpipe systems)

6. The required flow for this standpipe is: 500 gpm @ 65 psi (installed prior to 1980) 300 gpm @ 150 psi +/- 25 psi (installed 1980-2005) 300 gpm @ 175 psi +/- 25 psi (installed after 2005) 50 gpm @ 35 psi minimum (Class II)

Manual standpipe, flow test not required

7. The standpipe passed the 5-year Flow Test. (NFPA 25-20 6.3.1 and SFD Ad Rule 9.03 Section 5.2. The standpipe flow test is not required during system acceptance testing or thereafter. However, flow testing of any standpipe pressure reducing devices is required at acceptance and in accordance with maintenance testing requirements). Yes No N/A

8. For stand-alone automatic standpipes: The system passed the main drain test, done in accordance with NFPA 25 Chapter 13. A separate main drain test does not need to be done on standpipes combined with a sprinkler system that has already been tested. (NFPA 25-20 6.3.1.6) Yes No N/A

9. Pressure regulating valves (PRV) provide acceptable flow and pressure. (Document results on separate page). (NFPA 25-20 A.13.5.4.1(1)) Yes No

10. The flow switch(es) operates properly. (NFPA 25-20 6.3.3.1 and NFPA 25-20 13.2.4) Yes No

11. The flow alarm(s) operates properly. Yes No

12. Fire pump(s) started from roof flow when no test header is present. (NFPA 20-19 4.22.3.1.3) Yes No N/A

OBSTRUCTION INVESTIGATION

13. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14. (NFPA 25-20 14.2.1.1) Yes No N/A

Date of Test, If Known: _____

Note: This test is satisfied for combination standpipes when it is done for the automatic sprinkler system.

14. The 5-year obstruction investigation for the FDC(s) included testing and operation of the check valve and auto drain in accordance with NFPA 25 (NFPA 25-20 13.4.2.1) Yes No N/A

GAUGES

15. The maintenance on the system gauges is up-to-date. Yes No

Note: The system gauges are to be compared with a calibrated gauge every five (5) years. If a gauge is not within +/- 3% of the calibrated gauge it must be replaced or recalibrated. This check can be done for multiple floors at static pressure using one calibrated gauge and hydraulic calculations. (NFPA 25-20 13.2.5.2 and 13.2.5.3)

VALVES AND HOSE CONNECTIONS

16. The water supply control valves are secured or electronically supervised. (NFPA 25-20 10.4.4.2 OR 13.3.1.2 and 13.3.1.3) Yes No

17. The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street. (NFPA 25-20 13.8.4) Yes No

18. All FDCs have protective plugs or covers. Yes No

19. If a plug or cover was missing from a FDC, the FDC was inspected for debris in accordance with NFPA 25. (NFPA 25-20 13.8.1(9)) Yes No

20. All swivels turn freely. Yes No

21. All hose connection valves/ports have a protective cap with a 1/8" relief hole. Yes No

22. All caps and plugs have at least 12" clearance for operating wrenches. Yes No

MONITORING

23. A signal was received at the Central Station monitoring company. Yes No N/A

RECALLS						
24. 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. (NFPA 25-20 5.2.1.1)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If no, identify type and location:						
TYPE II STANDPIPES						
25. The hose cabinet(s) is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
26. The hose storage device(s) is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
27. The hose is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
28. The nozzle is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
29. The cabinet hoses last inspection date is within standards of NFPA 25.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A
FINAL CHECKS						
Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)						
30. The standpipe was left in service.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
31. A current status tag was posted on or adjacent to the lowest outlet (SFD Administrative Rule 09.02), and a copy of the confidence test report will be provided to the owner.	<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.						
SIGNATURE (OPTIONAL)						
Signature of Technician						
Signature of Building Representative						

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