

Seattle Fire Prevention Division

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System Test Report

EMERGENCY GENERATOR		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-_____				
Emergency Generator System				
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 Building Code and Fire Code of the AHJ and NFPA 70, 110, and 111, and the manufacturer's instructions for inspecting and testing requirements.				
PRE-TEST CHECK				
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, labels, and placards are in place and visible. <input type="checkbox"/> Yes <input type="checkbox"/> No				
LOAD TEST				
	Amps	Volts	Hertz	
Generator Load Rating				
Test Results (full load)				
	This generator supplies power for		Over Current Capacity (Amps)	
Required Emergency Equipment				
Legally required Equipment				
Optional loads				

Total Over Current Capacity (Amps):		
2. The EG was operated for the annual test according to Fire Code Section 604.4 – 604.5, the manufacturer’s recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. All of the fire and life safety equipment requiring EG power was checked and operated properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. The test results indicate that this generator provides adequate power to support all loads connected to it and/or sheds the Optional loads (Emergency, Legally Required, Optional).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
CONTROLS		
5. The EG starts on power failure.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6. The EG run light operates on the controller panel.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7. The EG transfer switches operate correctly. Including load shedding if so equipped.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
MAINTENANCE		
8. The emergency generator (EG) maintenance record is posted.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9. The EG has been exercised once a month according to Fire Code Section 604.4 – 604.5, the manufacturer’s recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
FUEL		
10. The EG has a fuel supply large enough to accommodate the longest minimum time required for the Emergency and/or Legally Required load while the generator is under full load.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11. The required annual ASTM approved fuel quality test is up-to-date.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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)		
12. The system was left in service.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13. The confidence test report was given to the owner and a current status tag was posted on the generator controller.	<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 am authorized to submit this report for the certified technician who has accepted this statement.		
SIGNATURE (OPTIONAL)		
Signature of Technician		
Signature of Building Representative		

System Testing Reports Must Be Submitted Online

Submit reports to <http://www.thecomplianceengine.com/>