



Tukwila Fire Department
 6300 Southcenter Blvd. Suite 209
 Tukwila, WA 98188
 206-575-4407
FireMarshal@TukwilaWa.gov

REPORT OF PRE-TESTING FOR SYSTEM ACCEPTANCE

Bring a copy of the submitted report pdf from TCE to your inspection.

FIRE ALARM		STATUS	
<input type="checkbox"/> New System <input type="checkbox"/> Replacement System		<input type="checkbox"/> Passed Pre-Testing, Ready for Fire Department Insp	
Directions: Do not use this form to report tenant improvements, partial completion/TCO's, or installation of dedicated panels monitoring sprinkler systems, instead follow standard procedure in the local jurisdiction for that type of project.			
Please describe scope of work/function of alarm:			
Building Information (all mandatory)			
Premises Name:		Premises Address:	
Contact Name:		Contact Phone:	
Contact Address:		Contact Email:	
Central Station Monitoring Req'd? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dialer <input type="checkbox"/> Internal <input type="checkbox"/> External	
Monitoring Company Name:		Reporting Type <input type="checkbox"/> Zone <input type="checkbox"/> Point	
Monitoring Company Phone:		<input type="checkbox"/> Cellular <input type="checkbox"/> Radio <input type="checkbox"/> AES	
Fire Alarm Inventory For Entire Building			
Update inventory information below. All fields are mandatory at time of system pre-testing and acceptance. Use the upload feature at the bottom to upload plan sets and/or as built. After leaving this page, you will not be able to edit inventory, except by creating a new report.			
NFPA 72 Edition (Year):		Permit signed off? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Permit #:			
Smoke Detector Sensitivity – Test Due Date (month/year):			
FACP & Annunciators			
Fire Alarm Control Panel/Unit Location:		Fire Alarm Control Panel Model:	
Fire Alarm Control Panel Manufacturer:		Annunciator location: <input type="checkbox"/> N/A	
FACP – location of key:		Notification Power	
Notification Power <input type="checkbox"/> Yes <input type="checkbox"/> No		Expander(s) Location:	
Expander(s) Installed?			
<u># of devices/items</u>		<u># of devices/items</u>	
Initiating Devices		Smoke detectors - Regular	
Beam detectors		Smokes – above ceiling	
Duct detectors		Smokes – under floor	
Heat trace cable supervisory signals		Sprinkler valve tamper switches	
Thermal alarm wire (protector wire)		Sprinkler flow switches	
Heats – above ceiling/attic		High/low air switches	
Heats – regular		Other supervisory switches	
Heats – under floor			
Pull stations (manual stations)			
Notification Appliances			
Bells, chimes		Horn/strobe combo	
Exterior sprinkler alarm bell		Horns only	
Speakers		Strobes only	
Speaker strobes		Low frequency sounders	

Auxiliary Equipment						
Auto door release			Fire/smoke dampers			
Auto door unlock			Generators			
Elevator recall			Ventilation controls			
Fire doors			Other (DAS/VESDA, FARS...) Brief description & unit count:			
Fire fighter phone jacks			Other (DAS/VESDA, FARS...) Brief description & unit count:			
Fire fighter phone sets			Other (DAS/VESDA, FARS...) Brief description & unit count:			
Stairway Door Locks						
Electric bolt			Other locking devices			
Electric strike						
Battery and Power Supply Info						
<i>Location</i>	<i>Vendor Assigned ID</i>	<i>Charge Voltage</i>	<i>Battery Voltage</i>	<i>Load Voltage</i>	<i>Date</i>	<i>Size</i>
Power Expander Panels						
Number of units						
Installing Contractor Information						
Company Name:			Phone:			
Address:			Emergency Phone:			
			Email:			
Certified Technician/Installer Information						
Technician/Installer Name:						
Certification No:			Cert Type:			
REPORT OF PRE-TESTING FOR USE PRIOR TO AHJ INSPECTION AND SYSTEM ACCEPTANCE						
Date of System Pre-Test:						
Record of completion in accordance with NFPA 72: By checking this box I verify that the system or portion thereof has been installed and tested in accordance with the approved plans and specifications (2018 FC 907.7.2) <input type="checkbox"/> Yes <input type="checkbox"/> No						
The items on the checklists below shall be tested. This list does not constitute all of the required acceptance criteria of the fire and life safety system. Refer to the CURRENT FIRE CODE AND REFERENCED NFPA 72 STANDARD and the MANUFACTURER'S INSTRUCTIONS for installation. ONLY SELECT N/A FOR ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE.						
PRE-TEST STEPS AND INFORMATION						
AVOID "FALSE ALARMS" TO FIRE DEPARTMENT 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 may cause preventable alarms.						
1	The building occupants were notified, if building is occupied.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
2	The onsite supervisory station was notified.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
3	The Central Station Monitoring Service was notified to place FAS in test mode.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
4	Proof of fire alarm/electrical permit signed off, available for Fire Department inspector.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
5	Proof of certification for elevators (final white tag), if applicable.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
6	Fire Department plan review and permitting requirements have been met.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	
7	The key to the panel is available at the FACP.			<input type="checkbox"/> Yes	<input type="checkbox"/> N/A	

8	The operating instructions are available in a documentation cabinet or another approved location.	<input type="checkbox"/> Yes	
9	Plans, as-builts, cut-sheets and other construction documentation is available in a documentation cabinet or other approved location.	<input type="checkbox"/> Yes	
10	Stamped/approved set of fire system plans available for fire department inspector and attached to inventory section (prior section of this report) in The Compliance Engine	<input type="checkbox"/> Yes	
11	Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, plates, keys and allen wrenches, etc.	<input type="checkbox"/> Yes	
ALARM PANEL			
12	The FACP operates on AC power.	<input type="checkbox"/> Yes	
13	If the system has batteries, the FACP operates on Battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
14	If the system has emergency generator/standby power, the FACP operates on emergency generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
15	If the system has battery or standby power, the trouble indicators function properly and a trouble signal comes on with AC power off.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
INITIATING DEVICES AND NOTIFICATION APPLIANCES			
16	Initiating & notification appliances tested operate properly on AC power.	<input type="checkbox"/> Yes	
17	If system has generator/standby power, initiating and notification appliances tested operate properly on generator/standby power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
18	If system has batteries, initiating and notification appliances operate properly on battery power.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
19	100% of the INITIATING DEVICES per circuit are in accordance with the NFPA 72 Chapter 14 standards referenced by the current fire code.	<input type="checkbox"/> Yes	
20	100% of smoke detectors included in this report of pre-testing have been sensitivity tested/calibrated per NFPA 72.	<input type="checkbox"/> Yes	
21	100% of the AUDIBLE NOTIFICATION APPLIANCES per circuit are in accordance with 2016 NFPA 72 Chapter 14.	<input type="checkbox"/> Yes	
22	The audible notification appliances provide sound levels that meet the requirements of NFPA 72.	<input type="checkbox"/> Yes	
23	The audible notification appliances in residential units generate a minimum of 75dBA at the pillow in the sleeping areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
24	100% of the VISUAL NOTIFICATION APPLIANCES per circuit are in accordance with 2016 NFPA 72 Chapter 14.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
25	Positive alarm sequence programming and panel perform to standards.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
BATTERIES			
26	Batteries tested per NFPA 72.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
INTERFACE DEVICES			
The FACP received signals from the following Interface devices:		<input type="checkbox"/> Simulation	<input type="checkbox"/> Operation
Tested by:			
27	Emergency Generator(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
28	Flow Switches	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
29	Supervisory Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
30	Range Hood Suppression System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
31	Dry Chemical System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
32	Clean Agent System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
33	Pre-action Systems(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

34	Fire Pump(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
35	CO2 System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
OTHER EQUIPMENT CONTROLLED BY FACP			
The following Fire Safety Functions responded to signals from the FACP:		<input type="checkbox"/> Simulation	<input type="checkbox"/> Operation
Tested by:			
36	Fan Controls	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
37	Smoke & Fire Dampers and Combination Fire/Smoke Dampers	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
38	Elevator Recall System	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
39	Elevator Shunt Switch(es)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
40	Shaft Pressurization System	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
41	Magnetic Door Holders (see inventory)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
42	Door Lock devices (see inventory)	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
43	Stage Amplifier/Audio-Visual Shut Down	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
44	Remote Annunciator Panels	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
ALARM PANEL MONITORING			
45	A signal was received at the Central Station monitoring company.	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
STAIRWAY DOOR LOCKS [if no stairways, or locking doors not required, skip this section and proceed to final checks]			
This building has stairways:		<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
46	All stairway door locking devices release simultaneously, upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
47	All stairway door locking devices release simultaneously upon activation from the fire command center.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
48	The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
FINAL CHECKS, MANDATORY TAGGING, AND REPORTS			
Put the Fire Alarm/monitoring 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.)			
49	I will attach a white service label after this system is accepted by the Fire Department inspector.	<input type="checkbox"/> Yes	
50	I will provide a copy of the acceptance test report to the responsible party.	<input type="checkbox"/> Yes	
51	I have submitted this report to the Fire Department through TCE or I will do so within 24 hours of the date of the Fire Department inspection.	<input type="checkbox"/> Yes	
By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly tested for system acceptance and meet NFPA standards for report of system completion 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.			
<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)	
SIGNATURE (OPTIONAL)			
Signature of Technician			
Signature of Building Representative			

This Report Must Be Submitted Online Prior to Your Fire Department Inspection. You Must Also Have a Printed Copy Available for Your Inspector at the Job Site

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