



SOUTH KING FIRE & RESCUE

AUTOMATIC FIRE SPRINKLER SYSTEM TEST REPORT

Date: _____

PLEASE PRINT

PROPERTY NAME (OCCUPANCY)

Name: _____

Address: _____

Telephone: _____

Facility Representative: _____

Title: _____

Signature: _____

TESTING ORGANIZATION

Name: _____

Address: _____

Telephone: _____

Technician: _____

License No: _____

Signature: _____

(This is to certify that this fire sprinkler system has been properly inspected for reliability to cover the items listed in this report, is consistent with NFPA Fire Sprinkler Maintenance Standards, and all corrections have been made.)

MONITORING AGENCY

Name: _____

Contact Name or Operator No: _____

Telephone: _____

- SERVICE** Quarterly
 Semi-annually
 Annually
 Other (Specify) _____

DRY SYSTEMS	SATISFACTORY		
	YES	NO	N/A
Trip test (dry trip) conducted -- System tripped in _____ seconds			
All flow switches, supervisory switches tested			
Flow tests conducted --Flow pressure _____ psi			
Systems inspected and lubricated			
Did all quick opening devices operate satisfactorily?			
Air compressor refills system in 30 minutes			
System drained and restored to normal operation			
Were the heat actuation devices tested on pre-action and deluge systems			

WET SYSTEMS	SATISFACTORY		
	YES	NO	N/A
Flow tests conducted -- Static pressure _____ psi / Flow pressure _____ psi			
Flow switches, supervisory switches and alarm bells tested			
Systems inspected and lubricated			
Pressure regulating valves tested			



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GENERAL	SATISFACTORY		
	YES	NO	N/A
Have there been any changes in the occupancy since the last inspection			
Have all fire pumps been tested to their full capacity within the past 12 months			
Pumper connections and clapper valves unobstructed			
Sprinkler heads less than 50 years old			
Sprinkler coverage is acceptable			
Spare sprinkler heads and wrench are available			
Systems left in service			
Valves are sealed or supervised			
Signs are provided on valves			
City static water pressure _____ psi			

Problems Found: _____

Corrections Made: _____

Date Corrected: _____ By: _____

THIS FORM SHOULD BE FILLED OUT IN DUPLICATE. ONE COPY SHALL BE LEFT AT THE OCCUPANCY. THE SECOND COPY SHALL BE FORWARDED TO:

**South King Fire & Rescue
Fire Prevention Division
31617 1st Ave S
Federal Way, WA 98003**

Fax: 253.529.7206