



CITY OF LACEY  
Community Development Dept.  
420 College Street SE  
Lacey, WA 98503  
(360) 491-5642

**Fire Alarm System  
Confidence Test Report**

**INSPECTION TESTING & MAINTENANCE**

Date of Inspection: \_\_\_\_\_ Technician (*print*): \_\_\_\_\_

Fire Alarm Company: \_\_\_\_\_

Occupancy Name: \_\_\_\_\_

Occupancy Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Occupancy Address: \_\_\_\_\_ City: \_\_\_\_\_

Central Station: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Alarm Panel Make: \_\_\_\_\_ Model #: \_\_\_\_\_

System #: \_\_\_\_\_

Results Satisfactory. No Corrections Noted at the Time of Inspection.  $\theta$

Comments, Explanation of Unsatisfactory Results, Action Taken, Etc.:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CORRECTIONS/REPAIRS PERFORMED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF CORRECTIONS: \_\_\_\_\_ WORK ORDER #: \_\_\_\_\_

Mail to: Confidence Testing  
City of Lacey Community Development Dept.  
420 College Street SE  
Lacey, WA 98503

## EQUIPMENT TESTED

TYPE OF EQUIPMENT	# OF UNITS	MANUFACTURER	MODEL	SATISFACTORY CHECK		
				YES	NO	N/A
1. CONTROL PANEL						
2. MANUAL STATION						
3. HEAT DETECTORS						
4. SMOKE DETECTORS						
5. AUDIBLE DEVICES						
6. VISUAL DEVICES						
7. DOOR RELEASE						
8. TROUBLE INDICATORS						
9. BATTERIES						
10. CHARGER						
11. GENERATOR						
12. VENTILATION CONTROL						
13. CENTRAL STATION TRANSMITTER						
14. SPRINKLER WATER FLOW SWITCH						
15. SPRINKLER GATE VALVE SUPERVISORY SWITCH						
16. ANNUNCIATORS						
17. ELEVATORS						
18. QUICK-RELEASE DEVICES						
19. OTHER						

This is to certify that this fire alarm system has been properly inspected for reliability covering the items listed in this report and is consistent with NFPA Fire Alarm Maintenance Standards.

Fire Alarm Technician (signature) \_\_\_\_\_ Date: \_\_\_\_\_

License Number & Company \_\_\_\_\_

Owner Representative (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Owner Representative (print) \_\_\_\_\_