



**City of Black Hawk  
Fire Department**  
196 Clear Creek Street | PO Box 68  
Black Hawk, CO 80422-068  
Office 303-582-0426 | Fax 303-582-2229  
[www.cityofblackhawk.org](http://www.cityofblackhawk.org)

# System Test Report

## CLEAN AGENT

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

# CLEAN AGENT SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code and NFPA 2001 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

<b>Pre-Test Checks</b>	
A Temporary Fire Watch Permit (TFWP) is <b>required</b> when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit</a> (TFWP) has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>General</b>	
5. All signs, placards, and labels are provided on doors, system controls, and electrical circuits.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. No significant changes or unrepaired penetrations were found in the enclosure protected by the system.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Recalls</b>	
7. The inspector did not find recalled devices during the visual inspection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: the Inspector's inspection is a visual cursory inspection from the floor level in accessible areas.	
<b>Nozzles, Piping, and Hose</b>	
8. All nozzles, piping, and brackets are properly placed and are secured.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. All end-of-line resistors are in place.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. All hose was visually inspected and does not have visual defects.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. All hose five years old and older has been tested in 5-year intervals in accordance with NFPA 2001.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Cylinders &amp; Extinguishing Agent</b>	
12. The quantity loss is <5% and the pressure loss is <10% in each cylinder from the required quantity and pressure of the extinguishing agent.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. There is an up-to-date log containing a record of semi-annual checks for the agent quantity and pressure on each cylinder.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. All cylinders with an unacceptable quantity loss were refilled or replaced.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. All cylinders are tested according to NFPA 2001 at the proper intervals.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Initiating &amp; Alerting Components</b>	
16. All detection/initiating devices respond properly when tested.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. All alarm functions take place upon receipt of a signal from the detection devices.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. All alerting devices work properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. All supervised circuits send the proper signals to the control panel.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. All manual pull stations are readily accessible, accurately identified, and properly protected to prevent damage.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Release Devices</b>	
21. The automatic release device(s) work properly, including pre-discharge time delays. (Note: Confidence testing of the release device does not require release of the clean agent after the initial full discharge acceptance test. However, full discharge tests may be required after changes to the protected area or system.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. All manual stations used to release agents work properly and require two separate and distinct actions for operation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Abort Devices</b>	
23. The manual abort switch is a dead-man type switch and functions properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Auxiliary Functions</b>	
24. All auxiliary functions such as alarm-sounding or displaying devices, remote annunciators, air-handling shutdown, damper operation, and power shutdown operate properly in accordance with system requirements and design specifications.	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. The alarms can be silenced, when allowed, without affecting other system functions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>System Monitoring</b>	
26. The control panel sends the proper signals to the remote FAP.	<input type="checkbox"/> YES <input type="checkbox"/> NO
27. The fire protection system, including the alarm system, works correctly on standby power during a simulated power failure.	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Training</b>	
29. There is documentation that all personnel working in enclosures protected by a clean agent system have received up-to-date training regarding clean agent safety issues.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Final Checks</b>	
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
30. The system was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
32. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature:



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# System Test Report

## EMERGENCY GENERATOR

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

# EMERGENCY GENERATOR SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code and NFPA 2001 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

## Pre-Test Checks

A Temporary Fire Watch Permit (TFWP) is **required** when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit (TFWP)</a> has been submitted and approved.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. The building occupants were notified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3. The onsite supervisory station was notified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/>	YES	<input type="checkbox"/>	N/A
5. 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				
6. The EG was operated for the annual test according to Fire Code Section 604, the manufacturer's recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7. All of the fire and life safety equipment requiring EG power was checked and operated properly.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
8. 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

<b>Controls</b>	
9. The EG starts on power failure.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. The EG run light operates on the controller panel.	
11. The EG transfer switches operate correctly. Including load shedding if so equipped.	
<b>Maintenance</b>	
12. The emergency generator (EG) maintenance record is posted.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. The EG has been exercised once a month according to Fire Code Section 604, the manufacturer's recommendations, and NFPA 110 Section 8.4.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Fuel</b>	
14. 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
15. The required annual ASTM approved fuel quality test is up-to-date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Final Checks</b>	
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
16. The system was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature:



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# System Test Report

## FIRE ALARM

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Fire Alarm Inventory	
System Make:	
System Model:	
Control Panel Location:	
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	Name:



# FIRE ALARM SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code, referenced NFPA 72 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

<b>Pre-Test Checks</b>	
A Temporary Fire Watch Permit (TFWP) is <b>required</b> when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit</a> (TFWP) has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>General</b>	
5. The key to the panel is available at the Fire Alarm Control Panel (FACP).	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
6. The operating instructions are available at the FACP.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. Materials and equipment needed to restore pull stations are available at the main panel, e.g. glass rods, and plates; keys and allen wrenches, etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Alarm Panel</b>	
8. The FACP operates on AC power	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. The FACP operates on Battery power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. The FACP operates on emergency generator/standby power.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
11. The trouble indicators function properly and a trouble signal comes on with AC power off.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Initiation Devices &amp; Notification Appliances</b>	
12. Initiating and notification appliances tested operate properly on AC power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. Initiating and notification appliances tested operate properly on generator/standby power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Initiating and notification appliances tested operate properly on battery power.	<input type="checkbox"/> YES <input type="checkbox"/> NO
15. 100% of the INITIATING DEVICES per circuit were tested in accordance with the NFPA 72 Chapter 10 standards referenced by the current fire code (NFPA 72).	<input type="checkbox"/> YES <input type="checkbox"/> NO
NOTE: 2 or 20%, whichever is greater, of restorable fixed-temperature, spot-type heat detectors need to	

be tested annually. Records shall be kept to ensure that every detector is tested every five years.						
16. 100% of the AUDIBLE ALARM APPLIANCES per circuit were tested in accordance with NFPA 72 Chapter 10.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
17. The audible alarm appliances tested operate at the levels the levels required by NFPA 72.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
18. The audible appliances tested in residential units generate a minimum of 60DBA at the pillow in the sleeping areas.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
19. 100% of the VISUAL ALARM APPLIANCES per circuit were tested in accordance with NFPA 72 Chapter 10.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
20. The visual alarm appliances tested operate as required by NFPA 72.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		
<b>Batteries</b>						
21. The batteries are rated for: (hours & minutes)	Hours:		Minutes:			
22. Battery voltage (no load)	Volts:					
23. Battery voltage (full load)	Volts:					
24. Charge circuit voltage	Volts:					
<b>Interface Devices</b>						
25. The FACP received signals from the following Interface devices: Tested by:	<input type="checkbox"/>	Simulation	<input type="checkbox"/>	Operation		
26. Emergency Generator(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
27. Flow Switch(es)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
28. Supervisory Switch(es)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
29. Range Hood Suppression System(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
30. Spray Booth Suppression System(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
31. Clean Agent System(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
32. Pre-action Systems(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
33. Pull Stations	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
<b>Other Equipment Controlled by FACP</b>						
34. The following Fire Safety Functions responded to signals from the FACP. Tested by:	<input type="checkbox"/>	Simulation	<input type="checkbox"/>	Operation		
Note: This Section replaces the Sequence Test Form. The checks in this section are only required during one of the quarterly tests. The functions in this section require testing during the annual confidence test for all other buildings.						
35. Fan controls	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
36. Smoke Dampers	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
37. Elevator Recall system	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
38. Elevator Shunt Switch(es)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
39. Magnetic Door Holders	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
40. Door Lock devices	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
41. Fire Pump(s)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
42. General alarm automatic time delay _____ (minutes)	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

43. Remote Annunciator Panels	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Communication Equipment</b>			
44. All phone sets function properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
45. All phone jacks function properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
46. All phone indicating devices at the FACP work properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
47. The public address equipment at the FACP works properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
48. The in-building Emergency Radio Communication Systems function throughout the building in accordance with the current Fire Code Sec. 510.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
49. Emergency phone tested in area of refuse.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Alarm Panel Monitoring</b>			
50. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Stairway Door Locks</b>			
51. All stairway door locking devices release simultaneously, without unlatching, upon activation of the fire alarm system from anywhere in the building.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
52. All stairway door locking devices release simultaneously, without unlatching, upon activation from the fire command center.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
53. The door(s) to the roof unlocks upon activation of the fire alarm system.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
54. There is an access key at the control panel for doors that fail to unlock.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
55. All of the doors open, close, and latch properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Final Checks</b>			
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.			
56. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
57. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.			
Printed Name of Technician:	Signature:		
Printed Name of Building Representative:	Signature:		



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# System Test Report

## FIRE PUMP

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Fire Alarm Inventory	
System Make:	
System Model:	
Control Panel Location:	
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

# FIRE PUMP SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code, referenced NFPA 20 and 25 Standards, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

## Pre-Test Checks

A Temporary Fire Watch Permit (TFWP) is **required** when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit</a> (TFWP) has been submitted and approved.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
2. The building occupants were notified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
3. The onsite supervisory station was notified.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
5. Routine maintenance is being performed (including weekly pump tests w/0 flow) and records are being kept in accordance with NFPA 20 and NFPA 25	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
6. The suction screens were inspected and cleared.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
7. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

## Electric Pump

8. Electric Pump Wiring Phase	<input type="checkbox"/>	Single	<input type="checkbox"/>	Double	<input type="checkbox"/>	Triple
0 gpm (churn)	Amperage _____		Voltage _____			
100% gpm	Amperage _____		Voltage _____			
150% gpm	Amperage _____		Voltage _____			
9. The electric pump ran properly for a minimum 10 minutes.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO		

## Diesel Pump

10. Oil level is OK.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
11. Coolant level is full.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
12. The hydrometer reading indicates that the antifreeze protection is adequate.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
13. The fuel filter/strainer was serviced.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
14. The diesel engine/pump operated properly for a minimum 30 minutes.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

<b>Pump Controller(s)</b>	
15. The fire pump controller is listed and operates according to NFPA 20 standards.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. The controller regulates the jockey pump as required by NFPA 20.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. The controller regulates the fire pump as required by NFPA 20.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Pump Test</b>	
18. When the Pump starts from pressure drop the start pressure is 5 psi below the start point of the jockey pump.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. The pump runs smoothly without unusual noise or vibration. <i>(For standards regarding pump vibration see Hydraulics Institute Standards for Centrifugal, Rotary and Reciprocating Pumps – Ref. NFPA 20)</i>	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. If due, the gauges passed a 5-year pressure gauge comparison test with a calibrated gauge and were recalibrated or replaced if necessary.	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. The pump performs at its rated capacity (RC) and at 150% of its RC (or the capacity that the supply will accommodate above the RC if it is less than 150%).	<input type="checkbox"/> YES <input type="checkbox"/> NO
Actual Test RPM	Churn _____ 100%RC _____ 150%RC _____
Pitot or Flowmeter Reading (gpm)	Test Capacity 100% _____ Test Peak Flow (150%) _____
PSI Reading on Discharge Gauge	Pre-test _____ Churn _____ 100%RC _____ 150%RC _____
PSI Reading on Suction Gauge	Pre-test _____ Churn _____ 100%RC _____ 150%RC _____
22. Hose Size	Hose Size _____ in.    Tip Size _____ in.    Hose length _____ ft.
23. The shaft seals are dripping water properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. The system pressure relief valve operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
25. The Casing relief valve operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. The fire alarm panel monitors the fire pump.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Transfer Switch</b>	
27. A simulated power failure during peak flow automatically activated the transfer switch within 10 seconds.	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. After the automatic connection was made to an alternate power source peak flow was redelivered within 30 seconds.	<input type="checkbox"/> YES <input type="checkbox"/> NO
29. The manual emergency transfer equipment operated properly during peak flow and peak flow was redelivered within 30 seconds.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Final Checks</b>	
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
30. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
31. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature:



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# System Test Report

## HOOD SUPPRESSION

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	Name:



# HOOD SUPPRESSION SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code used by the AHJ, NFPA 17, NFPA 17A, and NFPA 96 and the manufacturer's recommendations for inspecting and testing requirements. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

<b>Pre-Test Checks</b>	
A Temporary Fire Watch Permit (TFWP) is <b>required</b> when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit</a> (TFWP) has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The suppression system meets the UL300 standard. (Note to System Owners: Non UL300 systems are no longer UL listed for commercial range hood fire suppression. All non UL300 systems must be upgraded or replaced to meet the UL300 standard.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Appliance Coverage, Nozzles, and Piping</b>	
3. All cooking appliances that can produce grease laden vapors are completely under the range hood.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. All cooking appliances have the required number and type of nozzles to provide adequate fire protection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. All nozzles are properly positioned.	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. All piping and conduit are immobilized with proper hangers and brackets.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>System Controls</b>	
7. All system controls and components are accessible and free from obstructions.	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. The system is operational from the terminal link (last fusible link).	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. The fusible links were replaced. (Only required annually.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. The manual (remote) pull is configured correctly and is operational.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. The operation of the fusible link line is not impaired by grease.	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. The micro switch that controls the gas and/or electrical power to the appliances functions properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. The gas shuts down upon system activation.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
14. The appliance electrical shutdown device functions properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<b>Cylinders &amp; Extinguishing Agent</b>	
15. The extinguishing agent in the cylinders conforms to the manufacturer's requirements for this system.	<input type="checkbox"/> YES <input type="checkbox"/> NO
16. The system has adequate supply of extinguishing agent as required to meet the demand for complete coverage of the cooking appliances.	<input type="checkbox"/> YES <input type="checkbox"/> NO
17. The cylinders are filled with the correct volume of extinguishing agent.	<input type="checkbox"/> YES <input type="checkbox"/> NO
18. The cylinder gauge is in the operational range.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. The CO2 or Nitrogen cylinder is fully charged.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. The hydrostatic testing of the agent cylinder(s) is up-to-date.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>System Security &amp; Monitoring</b>	
21. The lead and wire seals on the suppression system were replaced.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. The system is connected to the fire alarm panel. (if an alarm panel exists)	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. The fire alarm panel receives the proper signals upon suppression system activation.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
24. The alarm monitoring company received the alarm signal.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Cleaning</b>	
25. The surfaced around the cooking surfaces, range hood, and ducting from hood to termination	<input type="checkbox"/> YES <input type="checkbox"/> NO
26. The system is on a cleaning schedule in accordance with IFC 609.3.3.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Final Checks</b>	
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
27. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
28. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature:



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# System Test Report

## SMOKE CONTROL ALARM

Occupancy Information	
Occupancy Name:	Contact Name:
Occupancy Address:	Phone:
	Email:
Fire Alarm Inventory	
System Make:	
System Model:	
Control Panel Location:	
Inspection & Testing Agency Information	
Name:	Phone:
Address:	Emergency Phone:
	Email:
Inspector/Tester Information	
Name:	Phone:
Signature:	

# SMOKE CONTROL SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code, referenced NFPA 92 and 204 Standards, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

## Pre-Test Checks

A Temporary Fire Watch Permit (TFWP) is **required** when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit</a> (TFWP) has been submitted and approved.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Breakout Glass (Obsolete)

6. The building has:     Tempered Breakout Glass     Operable Windows

If Tempered Breakout Glass, answer the following:

a. The tempered breakout windows have 2-Inch white dots located on the lower 1/3 of each window.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
b. The tempered breakout windows are unobstructed.	<input type="checkbox"/> YES	<input type="checkbox"/> NO

## Smoke Removal General

7. The building smoke removal system(s) operate on the activation of the fire alarm.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
8. The sequence of actions to activate the smoke control system is in the proper order so that no components of the system are damaged.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
9. The fans operate properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
10. The smoke and fire dampers work properly.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
11. The fans operate on emergency power.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
12. The fans operate on emergency power.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
13. The fans work on manual controls.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
14. Location of manual controls:			
15. The fire dampers work on manual controls.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

16. The smoke removal system provides six air changes per hour.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
17. List the measurement method and equipment used to test air flow:	<input type="checkbox"/> N/A		
18. Copy of Air Change Test Report is attached to this Smoke Control System Report.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
<b>Stairway &amp; Elevator Shaft Pressurization</b>			
19. CFM: Stairway _____ Elevator _____			
20. Measurements were taken from atmospheric pressure.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
21. Measurements were taken from shaft and the main occupied area.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
22. Readings were taken at every 5th floor.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
23. Elevator shaft pressures measure 0.15 in H2O or greater (non-sprinklered shaft)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
24. Elevator shaft pressures measure 0.10 in H2O, (100% automatic sprinklered building)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
25. Stair shaft pressures measure 0.15 in H2O	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
26. Life safety core type building has 0.05 in H2O differential between pressurized core and tenant area.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
27. All doors (stairway and elevator) open and close correctly with fans running.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
28. Gaskets are in good condition on stair and elevator doors.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<b>Final Checks</b>			
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.			
29. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
30. Report of all measurements taken attached.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
31. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.			
Printed Name of Technician:	Signature:		
Printed Name of Building Representative:	Signature:		



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# System Test Report

## SPRINKLER

Occupancy Information		
Occupancy Name:	Contact Name:	
Occupancy Address:	Phone:	
	Email:	
Sprinkler Inventory		
# of Wet Systems in the Building:		
# of Wet Systems Tested:		
# of Dry Systems in the Building:		
# of Dry Systems Tested:		
# of Foam Systems in the Building:		
# of Foam Systems Tested:		
Standard Sprinkler Heads Sample Testing Due Date:		
Quick Response Sprinkler Heads Sample Testing Due Date:		
Dry Type Sprinkler Heads Sample Testing Due Date:		
Due Date For Next Gauge Comparison Test:		
Date For Next FDC Obstruction Investigation:		
Date For Next Piping Obstruction Examination:		
Inspection & Testing Agency Information		
Name:	Phone:	
Address:	Emergency Phone:	
	Email:	
Inspector/Tester Information		
Name:	Phone:	State Reg. No.:
Signature:	Date:	

# SPRINKLER SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code, referenced NFPA 25 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

<b>Pre-Test Checks</b>			
A Temporary Fire Watch Permit (TFWP) is <b>required</b> when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit</a> (TFWP) has been submitted and approved.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO
2. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
3. There is an up-to-date log of any weekly, monthly, and quarterly inspections and testing of the system(s) covered by this report.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Pre-Test Checks</b>			
4. All accessible sprinkler heads have been visually inspected and are free of corrosion, paint, obstructions and/or physical damage.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
5. The sprinkler coverage is OK. (Note: If the coverage has not been altered after the last acceptance/reacceptance test it is OK.)	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
6. The standard sprinkler heads are less than 50 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
7. The Quick Response sprinkler heads are less than 20 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
8. The dry type sprinkler heads are less than 10 years old or within a prescribed testing period. If "No" have the heads sample tested or replaced per NFPA 25 and at the prescribed intervals thereafter.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
9. The proper number and type of spare sprinkler heads is available, with the proper wrenches for each, at the riser or another designated location.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Heat Activated Devices</b>			
10. Heat actuation devices function on pre-action and deluge systems.	<input type="checkbox"/>	YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A

<b>Flow Tests</b>			
11. The system(s) passed the Main Drain flow test		<input type="checkbox"/> YES	<input type="checkbox"/> NO
12. The Main Drain is the proper size.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Riser:	Static Pressure (PSI):	Flow Pressure (PSI):	Return to Static Pressure (min/sec):
<b>Alarms &amp; Supervisory Devices</b>			
13. Flow from the inspector's test valve activates the system alarms.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
14. All Supervisory and alarm devices [i.e. bell(s), flow switches, supervisory switches] function properly.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Valves</b>			
15. Pressure regulating valves (PRV) are set properly.		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A
16. All supply valves are secured or supervised.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
17. All supply valves have been lubricated (where required)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
18. The maintenance on the system gauges is up-to-date.		<input type="checkbox"/> YES	<input type="checkbox"/> 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 should be done for multiple floors at static pressure using one calibrated gauge and hydraulic.			
<b>Obstruction Investigation</b>			
19. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14. (eff. 10/21/2012).		<input type="checkbox"/> YES	<input type="checkbox"/> NO
20. The 5-year obstruction exam for the FDC(s) included testing and operation of the check valve.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
21. The 5-year Obstruction Examination of the sprinkler piping is up-to-date in accordance with NFPA 25 Chap. 14.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Fire Department Connections</b>			
22. The Fire Department Connection(s) (FDC) is clear of bushes, guards, or other debris and is visible from the street.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
23. All FDCs have protective plugs or covers.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
24. If a plug or cover was missing from a FDC the piping was inspected for debris. (this is required)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
25. All caps and plugs have at least 12" clearance for operating wrenches.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
26. All swivels turn freely.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
27. Sign designating "FDC"		<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Recalls</b>			
28. The inspector did not find recalled devices during the visual inspection.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Note: The technician's inspection is visual and from the floor level in accessible areas.			
<b>Alarm Monitoring</b>			
29. A signal was received at the Central Station monitoring company.		<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> N/A



<b>Foam Generating Equipment</b>	
30. Control valves, including all automatic and manual actuating devices operate properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
31. All control valves are secured or supervised.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
32. Supervisory switches operate properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
33. The alarm indication device operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
34. Alarm bells operate properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
35. All of the proportioning devices, their accessory equipment, and foam makers have been inspected, tested, and are functioning properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
36. A sample of the foam concentrate was sent to a testing laboratory and passed the analysis.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
37. The above-ground piping is in good condition and drains properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
38. As required by NFPA 11, the underground piping has been spot-checked for deterioration within the last 5 years	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
39. All the strainers have been inspected and cleaned quarterly (by maintenance) and as necessary during confidence testing.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Dry Sprinkler Systems</b>	
40. The system(s) passed the trip test.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
41. Air compressor(s) refills system in 30 minutes or less.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
42. The system's low points were drained and the system was restored to service.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
System:	System Tripped In (Seconds):
<b>Final Checks</b>	
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
43. The system was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
44. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
45. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature:



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# System Test Report

## STANDPIPE

Occupancy Information		
Occupancy Name:	Contact Name:	
Occupancy Address:	Phone:	
	Email:	
Inspection & Testing Agency Information		
Name:	Phone:	
Address:	Emergency Phone:	
	Email:	
Inspector/Tester Information		
Name:	Phone:	State Reg. No.:
Signature:		Date:

# STANDPIPE SYSTEM

**Date Tested:**

The items in 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(s). Refer to the current Fire Code, referenced NFPA 25 Standard, and the manufacturer's instructions for weekly, monthly, and quarterly requirements for inspection and testing. **System test results must be submitted to the Black Hawk Fire Department during annual inspection.**

<b>Pre-Test Checks</b>	
A Temporary Fire Watch Permit (TFWP) is <b>required</b> when a system is taken offline. Only the owner/operator is authorized to request and receive a TFWP. 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. If system is taken offline, <a href="#">Temporary Fire Watch Permit (TFWP)</a> has been submitted and approved.	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. The building occupants were notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
3. The onsite supervisory station was notified.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
4. The Central Station Monitoring Service was notified to place FAS in test mode.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
5. All signs, placards, and labels are provided on doors and system controls.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Testing &amp; Inspection Checklist</b>	
6. 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. The standpipe passed the 5-year hydrostatic test in accordance with NFPA 25 (manual dry standpipe systems and semi-automatic dry standpipe systems only)	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Flow Tests</b>	
8. The required flow for this standpipe is:	_____ gpm
9. The standpipe passed the 5-year Flow Test.	<input type="checkbox"/> YES <input type="checkbox"/> NO
10. 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
11. Pressure regulating valves (PRV) provide acceptable flow and pressure. (Document results on separate page).	<input type="checkbox"/> YES <input type="checkbox"/> NO
12. The flow switch(es) operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
13. The flow alarm(s) operates properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
14. Fire pump(s) started from roof flow.	<input type="checkbox"/> YES <input type="checkbox"/> NO

<b>Obstruction Investigation</b>	
15. The 5-year obstruction investigation of Fire Department Connection (FDC) piping is up-to-date in accordance with NFPA 25 Chap. 14.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: This test is satisfied for combination standpipes when it is done for the automatic sprinkler system.	
16. 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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Gauges</b>	
17. The maintenance on the system gauges is up-to-date.	<input type="checkbox"/> YES <input type="checkbox"/> 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.	
<b>Valves &amp; Hose Connections</b>	
18. The water supply control valves are secured or electronically supervised.	<input type="checkbox"/> YES <input type="checkbox"/> NO
19. The Fire Department Connection(s)(FDC) is clear of bushes, guards, or other debris and is visible from the street.	<input type="checkbox"/> YES <input type="checkbox"/> NO
20. All FDCs have protective plugs or covers.	<input type="checkbox"/> YES <input type="checkbox"/> NO
21. If a plug or cover was missing from a FDC the piping was inspected for debris in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO
22. All swivels turn freely.	<input type="checkbox"/> YES <input type="checkbox"/> NO
23. All hose connection valves/ports have a protective cap with a 1/8" relief hole.	<input type="checkbox"/> YES <input type="checkbox"/> NO
24. All caps and plugs have at least 12" clearance for operating wrenches.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Monitoring</b>	
25. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>Recalls</b>	
26. The inspector did not find recalled devices during the visual inspection.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Note: the inspector's inspection is a visual cursory inspection from the floor level in accessible areas.	
<b>Alarm Monitoring</b>	
27. A signal was received at the Central Station monitoring company.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
<b>Type II Standpipes</b>	
28. 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
29. 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
30. The hose is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A
31. The nozzle is in acceptable condition in accordance with NFPA 25.	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A

<b>Final Checks</b>	
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). If the system was taken offline, the TFWP Log Sheet must be submitted to the City of Black Hawk Fire Department after the system is restored.	
32. The standpipe was left in service.	<input type="checkbox"/> YES <input type="checkbox"/> NO
33. A printed or electronic copy of the test report was provided to the owner/manager to maintain on the premises for a minimum of three (3) years.	<input type="checkbox"/> YES <input type="checkbox"/> NO
34. <a href="#">Temporary Fire Watch Permit Log Sheet</a> submitted.	<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.	
Printed Name of Technician:	Signature:
Printed Name of Building Representative:	Signature: