



**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

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.**

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, Temporary Fire Watch Permit (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
General	
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
Recalls	
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.	
Nozzles, Piping, and Hose	
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

Cylinders & Extinguishing Agent	
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
Initiating & Alerting Components	
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
Release Devices	
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
Abort Devices	
23. The manual abort switch is a dead-man type switch and functions properly.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Auxiliary Functions	
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
System Monitoring	
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

Training	
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
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). 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. Temporary Fire Watch Permit Log Sheet 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: