



OPERATING POLICY 11

CERTIFICATION AND MAINTENANCE OF FIRE PROTECTION SYSTEMS



Kirkland Fire/Building Department • 123 Fifth Avenue, Kirkland, WA 98033 • (425) 587-3650

I. SCOPE

The purpose of this guideline is to provide general information regarding certification and maintenance of fire protection systems and/or equipment. The Bureau of Fire Prevention may be contacted regarding any specific requirements at (425) 587-3650.

II. PERMITS

A permit may be required for some aspects of this Operating Policy, specifically if changes are made that extend, alter, or augment the original installation.

III. INSPECTION, TESTING AND MAINTENANCE

- A. Fire protection systems shall be maintained according to the original installation standards for the system. Required systems shall be extended, altered, or augmented as necessary to maintain and continue protection whenever the building is altered, remodeled or added to. Alterations to fire protection systems shall be done in accordance with applicable standards.
- B. Fire detection, alarm and extinguishing systems shall be maintained in an operative condition at all times and shall be replaced or repaired where defective. ***Non-required fire protection systems and equipment shall be inspected, tested and maintained or removed.***
- C. The owner of the building, or designated representative, and/or occupant shall be responsible for the maintenance, repair, and periodic certification of the fire protection system.
- D. Service personnel doing the maintenance, repair or certification of systems shall be licensed and/or certified, and qualified as listed below:

Fire Alarm Systems-Washington State low voltage electrical license.

Sprinkler Systems-Washington State licensed Fire Sprinkler Contractor.

Hood & Duct Systems-qualified personnel normally engaged in that type of business.

Standpipes-Washington State licensed Fire Sprinkler Contractor.

IV. PROCEDURES

- A. Results of all tests and certifications shall be recorded on forms approved by the Kirkland Fire Department. When all corrections have been completed, the forms shall be mailed to the Kirkland Fire Department, 123 5th Avenue, Kirkland, WA 98033-6189. Copies shall also be maintained on the premises and made available to department personnel during the annual building inspections.

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- B. Any deficiencies found during the testing procedures shall be corrected immediately or as soon as practical. In the event a system is **out of service** and corrections cannot be done within a reasonable time frame (the same day) the Bureau of Fire Prevention shall be notified immediately. A fire watch may be required when, in the opinion of the Fire Chief, it is essential for public safety. The owner, agent and/or occupant shall employ one or more qualified persons, as required and approved by the Fire Chief to be on duty during such time the system remains out of service. Such individuals shall be subject to the Chief's orders during such time the building is occupied.
- C. **Fire Alarm Systems:** Shall be inspected and tested annually according to nationally recognized standards and the manufacturer's recommendations.
- D. **Automatic Fire Sprinkler Systems:** Shall be inspected and tested annually according to nationally recognized standards and the manufacturer's recommendations.
- E. **Fire Pumps:** Shall be inspected and tested annually, according to nationally recognized standards and the manufacturer's recommendations.
- F. **Standpipes:** Shall be inspected and tested according to nationally recognized standards and the manufacturer's recommendations
- G. **Shaft pressurization systems:** Shall be inspected and tested annually according to nationally recognized standards and the manufacturer's recommendations.
- H. **Emergency Generators:** Shall be inspected and tested annually according to nationally recognized standards and the manufacturer's recommendations.
- I. **Smoke removal systems and smoke and heat ventilators:** Shall be inspected and tested annually according to nationally recognized standards and the manufacturer's recommendations.
- J. **Clean Agent Systems:** Shall be inspected and tested annually according to nationally recognized standards and the manufacturer's recommendations.
- K. **Hood and Duct Extinguishing Systems:** Shall be inspected and serviced every six months according to nationally recognized standards and the manufacturer's recommendations.

*Policy Approved 5/20/2011 by
Grace A. Steuart, Fire Marshal
Kirkland Fire Department*

Reference(s): Chapter 9, of the 2003 Edition of the International Fire Code
National Fire Protection Association Standards, 12, 12A, 13, 14, 15, 20, 25, 72, 92A, 92B, 204,
750 and 2001.

Attachments: Fire Alarm Test Report
Automatic Sprinkler System Test Report



Kirkland Fire & Building Department Confidence Testing



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FIRE ALARM SYSTEM TEST REPORT

Address _____ Owner _____

Occupied as _____ Phone # _____

Inspected by _____ Title _____

Date of Inspection _____

Type of Test: Monthly Quarterly Semi-annual Annual Acceptance

Fire Department Official Contacted _____

Control Panel Manufacturer _____ Model No. _____

No. of Initiating Circuits: _____ No. of Signal Circuits: _____

Battery Voltage: _____volts Charge Circuit Voltage: _____volts

Battery Voltage Under Full Load: _____volts (signals operating)

Trouble signal with AC power off: Yes No N/A

System operates satisfactory on stand-by power: Yes No N/A

All signals operate on AC power: Yes No N/A

All signals operate on stand-by power: Yes No N/A

All circuits checked for electrical supervision: Yes No N/A

Control panel checks made per manufacturer's instructions: Yes No N/A

All auxiliary equipment (elevators, fans, dampers) operates: Yes No N/A

Central station or remote connection: Yes No N/A

Central Station Contact Information:

Company Name _____

Address _____

City, State & Zip Code _____

Phone # _____

Automatic time delay of general alarm: _____minutes. None Installed N/A

Key to panel available? Yes No N/A

Operating instructions at panel? Yes No N/A

Test record posted at panel? Yes No N/A

EQUIPMENT TESTED

TYPE OF EQUIPMENT	Number of Units Tested	Satisfactory			Number of Units In Building
		Yes	No	N/A	
Bells, Horns, Chimes, Voice Alarm Speakers					
Visual Alarm Devices					
Trouble Indicators					
Heat Detector(s)					
Automatic Fire Sprinkler Supervisory Switches					
Smoke Detector(s)					
Manual Pull Stations					
Generator Starts					
Ventilation Controls Operate					
Central Station					
Fire Department Monitoring					
Annunciators					
Elev. Call Down					
Door Release					
Fire Dampers/Smoke Dampers					
Phone Jacks					
Automatic Door Unlocks (Failsafe)					
Automatic Door Release					
Other					

THIS IS TO CERTIFY THAT THIS FIRE ALARM SYSTEM HAS BEEN PROPERLY INSPECTED FOR RELIABILITY TO COVER THE ITEMS LISTED IN THIS REPORT, IS CONSISTENT WITH FIRE ALARM MAINTENANCE STANDARDS, *AND ALL CORRECTIONS HAVE BEEN MADE.*

- A. Signature of Owner or Representative: _____
- B. Signature of Fire Alarm Representative: _____ Date: _____
- C. Technician's Low Voltage Electrical Contractor's License No.: _____
- D. Name of Testing Firm: _____ Phone: _____
- E. Mailing Address: _____

Problems Found: _____

Corrections Made: _____

Date Corrected: _____
 By: _____



Kirkland Fire & Building Department Confidence Testing



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AUTOMATIC SPRINKLER SYSTEMS TEST REPORT

Address _____ Owner _____

Occupied as _____ Phone # _____

Inspected by _____ WA State Certification No. _____

Date of Inspection _____

Type of Test: Monthly Quarterly Semi-annual Annual Acceptance

DRY SYSTEM:

- 1. Trip test (dry tip) conducted: Yes No
System tripped in _____ seconds.
- 2. All flow switches, supervisory switches and alarm bells tested: Yes No N/A
- 3. Alarm bell operates: Yes No N/A
- 4. Flow tests conducted: Yes No
Flow pressure: _____ psi
- 5. Systems inspected and lubricated: Yes No
- 6. Air compressor refills system in 30 minutes: Yes No
- 7. System drained and restored to normal operation: Yes No
- 8. Were the heat actuation devices tested on pre-action and deluge systems? Yes No

WET SYSTEM

- 1. Flow test conducted: Yes No
Static pressure: _____ psi
Flow pressure: _____ psi
2-inch drain? Yes No Other
- 2. Flow stitches, supervisory switches and alarm bells tested: Yes No N/A
- 3. Alarm bell operates: Yes No N/A
- 4. Systems inspected and lubricated: Yes No
- 5. Pressure regulating valves tested: Yes No

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GENERAL:

- 1. Central Station monitoring? Yes No
Name of Company _____
- 2. Location of sprinklers: Basement Hallways 100% Other _____
- 3. Pumper connections and clapper valves unobstructed: Yes No
- 4. Sprinkler heads less than 50 years old: Yes No
- 5. Any sprinkler heads subject to a recall: Yes No
- 6. Sprinkler coverage is acceptable: Yes No
- 7. Spare sprinkler heads are available: Yes No
- 8. Systems left in service: Yes No
- 9. Valves are sealed or supervised: Yes No
- 10. Signs are provided on valves: Yes No
- 11. City static water pressure _____ psi.

Problems Found: _____

Corrections Made: _____

Date Corrected: _____
By: _____

Signature of Tester: _____

Agency: _____ **Phone** _____