



**FIRE ALARM  
CONFIDENCE REPORT**

**Occupancy Number** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Fire Alarm Company** \_\_\_\_\_ **Technician** \_\_\_\_\_  
**Occupancy Name** \_\_\_\_\_  
**Occupancy Contact** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
**Occupancy Address** \_\_\_\_\_ **City** \_\_\_\_\_  
**Alarm Panel Make** \_\_\_\_\_ **Model #** \_\_\_\_\_ **Acct # of System** \_\_\_\_\_

**Approved as Installed**                       **Corrections Required**

Comments, explanation of unsatisfactory results, action taken, etc.

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Corrections or repairs performed

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\_\_\_\_\_

Date of Corrections \_\_\_\_\_

**Mail To:**            Thurston County Fire Marshal's Office  
                          Building One  
                          2000 Lakeridge Drive SW  
                          Olympia WA 98502-6045

## EQUIPMENT TESTED

Type of Equipment	# Of Units	Manufacturer	Model	Satisfactory Check		
				Yes	No	N/A
Control Panel						
Manual Station						
Heat Detectors						
Smoke Detectors						
Audible Devices						
Visual Devices						
Door Release						
Trouble Indicators						
Batteries						
Charger						
Generator						
Ventilation Control						
Central Station Transmitter						
Sprinkler Gate Valve Supervisory Switch						
Annunciators						
Elevators						
Quick Release Devices						
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 \_\_\_\_\_  
Print Sign

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

Owner Representative \_\_\_\_\_  
Print Sign