



**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.

Corrections or repairs performed

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