



**CITY OF LONG BEACH FIRE DEPARTMENT
FIRE PROTECTION & LIFE SAFETY EQUIPMENT PERFORMANCE CERTIFICATE**

Inspection Hours _____
Page _ of _

RESPONSIBLE PARTY/BUILDING OWNER

NAME (Last, First, MI)		Title		Firm or D.B.A.	
MAILING ADDRESS (Street)	(City)	(State)	(Zip)	PHONE:	
TEST SITE ADDRESS (Street)	(City)	(State)	(Zip)	TEST SITE PHONE:	
OCCUPANCY TYPE:	NUMBER OF STORIES:	YEAR BUILT:	CONSTRUCTION TYPE:	SQUARE FOOTAGE:	

INITIAL TEST (FIRE DEPARTMENT SHALL BE NOTIFIED 72 HOURS PRIOR TO TEST)

DATE(S) OF TESTING:	TESTING AGENCY:	LICENCE NO.	PHONE:
ADDRESS OF TESTING AGENCY (Street)	(City)	(State)	(Zip)

EQUIPMENT TESTED AND DESCRIPTION:	CERTIFIED:			CERTIFIED:	
	Yes	No		Yes	No
1.	<input type="checkbox"/>	<input type="checkbox"/>	4.	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	5.	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	6.	<input type="checkbox"/>	<input type="checkbox"/>

NOTEWORTHY CHARACTERISTICS, SYSTEM DESCRIPTION, PROCEDURES PERFORMED, AND DEFECTS FOUND IN EQUIPMENT TESTED (IF NONE, SO NOTE):

ADDITIONAL INFORMATION ON ATTACHED SHEET(S)

I HEREBY CERTIFY THAT THE FIRE PROTECTION EQUIPMENT LISTED ABOVE HAS BEEN FULLY TESTED IN ACCORDANCE WITH THE CALIFORNIA FIRE CODE AND THAT THE RESULTS ARE ACCURATELY LISTED ABOVE AND THE EQUIPMENT IS FULLY OPERABLE EXCEPT AS NOTED.

TESTER'S NAME	DATE	TESTER'S SIGNATURE	FIRE DEPARTMENT WITNESS (Signature & Assignment)
---------------	------	--------------------	--

****REPAIR AND RETEST: IF DEFECTS ARE FOUND IN EQUIPMENT TESTED, CORRECTION ON SUCH DEFECTS SHALL COMMENCE FORTHWITH AND SHALL BE COMPLETED AS SOON AS POSSIBLE BUT IN EVERY CASE WITHIN 30 DAYS OF INITIAL TEST. AT THE COMPLETION OF REPAIR, THE SYSTEM OR DEVICE SHALL BE RETESTED AS NECESSARY TO DETERMINE THAT IT IS FULLY OPERABLE.**

RETEST IF NEEDED (FIRE DEPARTMENT SHALL BE NOTIFIED 72 HOURS PRIOR TO TEST)

DATE OF RETEST:	TESTING AGENCY: LICENSE NO.	PHONE:
-----------------	-----------------------------	--------

ADDRESS OF TESTING AGENCY:

EQUIPMENT RETESTED AND DESCRIPTION:

I HEREBY CERTIFY THAT ALL NECESSARY MAINTENANCE AND REPAIRS HAVE BEEN MADE TO THE EQUIPMENT LISTED ABOVE IN COMPLIANCE WITH THE CALIFORNIA FIRE CODE AND THE EQUIPMENT IS FULLY OPERABLE.

TESTER'S NAME	DATE	TESTER'S SIGNATURE	FIRE DEPT. WITNESS (SIGNATURE & ASSIGNMENT)
---------------	------	--------------------	---

ACKNOWLEDGEMENTS

FIRE DEPARTMENT REPRESENTATIVE: NAME:	RANK:	ASSIGNMENT:	PHONE #:	DATE:
---------------------------------------	-------	-------------	----------	-------

**CITY OF LONG BEACH FIRE DEPARTMENT
FIRE PROTECTION & LIFE SAFETY EQUIPMENT PERFORMANCE CERTIFICATE**

DATE(S) OF TESTING	TEST SITE ADDRESS (STREET) (CITY) (STATE) (ZIP)	FIRM OR D.B.A.
EQUIPMENT TESTED AND DESCRIPTION:		

NOTEWORTHY CHARACTERISTICS, SYSTEM DESCRIPTION, PROCEDURES PERFORMED, AND DEFECTS FOUND IN EQUIPMENT TESTED (IF NONE, SO NOTE):

TESTERS NAME & DATE	TESTER'S SIGNATURE	TESTING AGENCY
ADDRESS OF TESTING AGENCY:		