



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

INSPECTION HOUR(S) HR(S)
PAGE OF

RESPONSIBLE PARTY/BUILDING OWNER

Form with fields for NAME, TITLE, FIRM OR D.B.A., MAILING ADDRESS, CITY, STATE, ZIP, PHONE, TEST SITE ADDRESS, OCCUPANCY TYPE, NUMBER OF STORIES, YEAR BUILT, CONSTRUCTION TYPE, SQUARE FOOTAGE.

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

Form with fields for DATE(S) OF TESTING, TESTING AGENCY, LICENCE NO., PHONE, ADDRESS OF TESTING AGENCY, CITY, STATE, ZIP.

Table with 2 columns: SYSTEM TESTED AND DESCRIPTION, CERTIFIED (YES/NO). Rows 1-6.

NOTEWORTHY CHARACTERISTICS, BUILDING DESCRIPTION, SYSTEM DESCRIPTION, PROCEDURES PERFORMED, AND DEFECTS FOUND IN EQUIPMENT TESTED (IF NONE, PLEASE 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.

Form with fields for 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)

Form with fields for DATE OF RETEST, TESTING AGENCY AND LICENSE NO., PHONE, ADDRESS OF TESTING AGENCY, CITY, STATE, ZIP.

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.

Form with fields for TESTER'S NAME, DATE, TESTER'S SIGNATURE, FIRE DEPT. WITNESS (SIGNATURE & ASSIGNMENT).

ACKNOWLEDGEMENTS

Form with fields for FIRE DEPARTMENT REPRESENTATIVE NAME, RANK, ASSIGNMENT, PHONE #, DATE.



CITY OF
**LONG
BEACH**

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FP Requirement 12.001

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DATE(S) OF TESTING: / /	TEST SITE ADDRESS:	CITY:	STATE:	ZIP:	FIRM OR D.B.A.:
EQUIPMENT TESTED AND DESCRIPTION:					
NOTEWORTHY CHARACTERISTICS, BUILDING DESCRIPTION, SYSTEM DESCRIPTION, PROCEDURES PERFORMED, AND DEFECTS FOUND IN EQUIPMENT TESTED (IF NONE, PLEASE NOTE):					
TESTER'S NAME:	DATE: / /	TESTER'S SIGNATURE:	TESTING AGENCY:		
ADDRESS OF TESTING AGENCY:					