



CITY OF GLENDALE
FIRE DEPARTMENT

Fire Protection Equipment Performance Certification

Date: June 26, 2012



RESPONSIBLE PARTY

Occupancy Type:

Insp. District:

Block:

OWNER:

Firm or D.B.A.:

Mailing Address: ,

Address Concerned: 1 CITYWIDE, Glendale CA 91205

Phone:

INITIAL TEST: Failure on your part to conduct the required testing within ____ days of the above date will subject you to penalties prescribed by said ordinance. The required tests shall be conducted by a person with a valid State Contractors License. The Fire Department shall be notified at least two working days prior to testing.

REPAIR AND RETEST: If defects are found in equipment tested, correction of such defects shall commence **FORTHWITH** and shall be completed as soon as possible, but in every case within ____ 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. The Fire Department shall be notified at least two working days prior to retesting.

INITIAL TEST

Date:

Testing Agency / Person:

Phone:

Address of Testing Agency:

Equipment Tested:

Noteworthy Characteristics of Equipment Tested and Defects Found in Equipment Tested (If none, so note):

☐ ADDITIONAL INFORMATION ON ATTACHED SHEET

Central Station -
Company Name:

U.L. Listing #

I hereby certify that the fire protection equipment listed above has been fully tested in accordance with C.C.R. Title 19, Glendale Bldg. & Safety Code and that the results are accurately listed above. To the best of my knowledge, the equipment is fully operable, except as noted.

Tester's Cont. Lic. #:

Classification:

Tester's Signature

Tester's Name (Printed)

Fire Dept. Witness (Signature & Assignment)

RE-TEST (if needed)

Date:

Testing Agency / Person:

Phone:

Address of
Testing Agency:

Equipment Tested:

I hereby certify that all necessary maintenance and repairs have been made to the equipment listed above in compliance with the C.C.R. T-19, Glendale Bldg. & Safety Code. To the best of my knowledge, the equipment is fully operable.

Tester's Cont. Lic. #:

Classification:

Tester's Signature

Tester's Name (Printed)

Fire Dept. Witness (Signature & Assignment)

CERTIFICATION IS TO BE RETURNED TO (address):

For Fire Dept. NOTIFICATION or
Additional Information,
Phone:

BY ORDER OF THE FIRE CHIEF
BY INSPECTOR
(Print/Assignment/Signature):