

Seattle Fire Prevention Division

220 3rd Avenue S.

Phone: 206-386-1450

Seattle, WA 98104-2608 Email: SFD_FMO_SystemsTesting@seattle.gov



System Test Report

| SMOKE CONTROL | | STATUS | | |
|--|---|------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> Confidence Test | <input type="checkbox"/> Deficiency Repair Test | <input type="checkbox"/> Red | <input type="checkbox"/> Yellow | <input type="checkbox"/> White |

Occupancy Information

| | |
|--|---|
| Occupancy Name: | |
| Occupancy Address: | |
| Contact Name: | Contact Phone: |
| Contact Address: | Contact Email: |
| Central Station Monitoring: <input type="checkbox"/> Yes <input type="checkbox"/> No | Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Monitoring Company Name: | Monitoring Company Phone: |

Inspection & Testing Agency Information

| | |
|----------|------------------|
| Name: | Phone: |
| Address: | Emergency Phone: |
| | Email: |

Inspector/Tester Information

| | |
|----------------------------------|--------|
| Name: | Phone: |
| SFD Certification No.: SCP-_____ | |

Smoke Control System

Date of Test:

The items on the checklists below shall be inspected and tested. This list does not constitute all of the required inspecting and testing of the fire and life safety system. Refer to the Fire Code of the AHJ, NFPA 92 and 204, and the manufacturer's recommendations for inspecting and testing requirements.

PRE-TEST CHECKS

AVOID UNNECESSARY ALARMS BY PUTTING THE FIRE ALARM SYSTEM IN TEST MODE. Failure to place the Fire Alarm System (FAS) into test mode and/or taking other precautions to may cause preventable alarms.

1. All signs, placards, and labels are provided on doors and system controls. Yes No

BREAKOUT GLASS (OBSOLETE)

2. The building has: Tempered Breakout Glass Operable Windows

(Do not complete questions 2 and 3 for operable widows)

3. The tempered breakout windows have 2-Inch white dots located on the lower 1/3 of each window. Yes No

4. The tempered breakout windows are unobstructed. Yes No

SMOKE REMOVAL GENERAL

5. The building smoke removal system(s) operate on the activation of the fire alarm. Yes No
6. The sequence of actions to activate the smoke control system is in the proper order so that no components of the system are damaged. Yes No
7. The fans operate properly. Yes No
8. The smoke and fire dampers work properly. Yes No
9. The fans operate on emergency power. Yes No
10. The fans work on manual controls. Yes No

Location of manual controls:

11. The fire dampers work on manual controls. Yes No
12. The smoke removal system provides six air changes per hour Yes No
13. List the measurement method and equipment used to test air flow.

(Attach electronic file of air change tests)

STAIRWAY AND ELEVATOR SHAFT PRESSURIZATION

14. Stair shafts have flush. Yes No
- CFM
15. Measurements were taken from atmospheric pressure. Yes No
16. Measurements were taken from shaft and the main occupied area. Yes No
17. Readings were taken at every 5th floor. Yes No
18. Elevator shaft pressures measure 0.15 in H₂O or greater (non-sprinklered shaft). Yes No
19. Elevator shaft pressures measure 0.10 in H₂O, (100% automatic sprinklered building). Yes No
20. Stair shaft pressures measure 0.15 in H₂O Yes No
21. Life safety core type building has 0.05 in H₂O differential between pressurized core and tenant area. Yes No
22. All doors (stairway and elevator) open and close correctly with fans running. Yes No
23. Gaskets are in good condition on stair and elevator doors. Yes No

FINAL CHECKS (ALL TESTING)

Put the Fire Alarm back into service and/or other precautionary measures that were made to restore fire alarm system to normal operation (includes removal of protective coverings)

24. Attach Report of All Measurements Taken Yes No
25. The confidence test report will be given to the owner in either electronic or paper form and a status tag was posted on the smoke control system. Yes No

By accepting this statement I, the certified technician shown on this form, certify that this fire protection system(s) has been properly inspected for functional operation in accordance with the current Fire Code (FC) used by the department that has jurisdiction and NFPA Standards adopted by the FC for this system. Any deficiencies found are noted in the report and have been reported to the building Owner/Manager for corrective action.

I am authorized to submit this report for the certified technician who has accepted this statement.

SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Building Representative

System Testing Reports Must Be Submitted OnlineSubmit reports to <http://www.thecomplianceengine.com/>