



Seattle Fire Prevention Division
 220 3rd Avenue South
 Seattle, WA 98104
 SFD_FMO_SystemsTesting@seattle.gov

**REPORT OF
 SYSTEM INSTALLATION**

DRAFT (as of 5/29/2024)

SMOKE CONTROL	STATUS
<input type="checkbox"/> New System <input type="checkbox"/> Replacement System	<input type="checkbox"/> Installed and tested in accordance with the approved plans and specifications and 2021 Fire Code 909 and Chapter 8 of NFPA 92
Use this form to: 1. Notify the Fire Department of completion of installation including all required testing as specified in Building Code/Fire Code, chapter 9, and NFPA 92; 2. Establish system inventory information to support ongoing inspection and maintenance; 3. Upload required commissioning documents to support ongoing inspection and maintenance. A special inspector is required for new buildings with smoke control systems.	
This form is for projects with a special inspector.	
Do not use this form when pursuing TCO. This form is only required prior to final CoO.	
Submittal timeline: This form must be completed in TCE no later than your fire alarm final inspection.	
Building Information (all mandatory)	
Premises Name:	Premises Address:
Contact Name:	Contact Phone:
Contact Address:	Contact Email:
Smoke Control System Inventory (All items Mandatory)	
Fire / Building Code Edition (Year):	<input type="checkbox"/> N/A
Smoke Control Permit #:	<input type="checkbox"/> N/A
Building Permit #:	<input type="checkbox"/> N/A
Fire Alarm Permit #:	<input type="checkbox"/> N/A
Mechanical Permit #:	<input type="checkbox"/> N/A
Integrated Testing – Test Due Date (month/year) (buildings permitted under 2018 SBC and later):	
Smoke control panel? <input type="checkbox"/> Yes <input type="checkbox"/> No	Location of smoke control panel:
Building has a building management system that interacts with the smoke control system. <input type="checkbox"/> Yes <input type="checkbox"/> N/A	
Description (select all that apply)	
Dedicated smoke control system (not used for everyday ventilation)	<input type="checkbox"/> Yes
Non-dedicated smoke control system	<input type="checkbox"/> Yes
Stairwell pressurization	<input type="checkbox"/> Yes
Zoned smoke control	<input type="checkbox"/> Yes
Elevator pressurization	<input type="checkbox"/> Yes
Vestibule pressurization	<input type="checkbox"/> Yes
Smoke refuge area pressurization	<input type="checkbox"/> Yes
Lobby pressurization system	<input type="checkbox"/> Yes
Smoke management for large volume spaces	<input type="checkbox"/> Yes
System Inventory: (Mandatory for new systems, encouraged when submitting confidence test on existing system).	
Equipment	<i># of devices/items</i>
Smoke control fans	_____
Dedicated supply fans	_____
Dedicated exhaust fans	_____
Variable speed fans	_____
Building HVAC Activation	_____

Barometric Dampers			
Modulating Dampers			
Pneumatic Dampers			
Motorized Fire/Smoke Dampers			
Automatic Closing Doors			
Automatic Opening Doors			
Control Air Isolation Valves			
Pneumatic Fire/Smoke Dampers			
Accordion Doors			
Variable Frequency Drives		Quantity:	Manufacturer: Model #:
Pressurized shafts	<i># of shafts</i>		
Hoistway shafts			
Stairway shafts			
Special Inspector for Smoke Control Commissioning , qualifications as outlined in IBC 909.18.8.2, 1704.2.1, and 1705.18.2.			
Name:		Company:	
Address:		Phone:	
		Email:	
Installing Contractor/Company Information			
Company Name:		Phone:	
Address:		Emergency Phone:	
		Email:	
Certified Smoke Control Technician/Installer Information.			
Technician/Installer Name:			
Certification No:		Cert Type:	
Certified Fire Alarm Technician/Installer Information			
Technician/Installer Name:			
Certification No:		Cert Type:	
REPORT OF TESTING			
Date of Testing Completion:			
By checking this box I verify that the system has been installed and tested in accordance with the approved plans and specifications and 2021 Fire Code 909 and Chapter 8 of NFPA 92.			<input type="checkbox"/> Yes
DOCUMENTATION			
1	Commissioning documents. The following documents are stored in the fire command center (or document cabinet/building engineer's office where no FCC is required), and an additional copy has been uploaded as an attachment to the "premise" record in The Compliance Engine.		
a	Rational analysis supporting the types of smoke control systems employed (IBC 909.4 and IFC 909.21.2). Only use N/A for elevator hoistway pressurization for low-rise buildings in Seattle (2021 SFC 909.21.2).	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
b	Detailed design document and control diagrams (IBC/IFC 909). In Seattle, control diagrams for stairway or elevator hoistway pressurization systems in low-rise buildings may be located at the fire alarm control panel (SFC 909.15).	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
c	Copy of operational testing documentation from acceptance testing (IFC 909.18.8.3).	<input type="checkbox"/> Yes	
d	O&M Manual including testing procedures and frequencies (NFPA 92 Section 7.1).	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
e	Integrated Test Plan (NFPA Chapter 4 and IFC 901.6.2) (required for buildings permitted under 2018 code or later).	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
TESTING SUMMARY AND ACKNOWLEDGEMENT			
2	The special inspection of the smoke control system passed the requirements in the special inspector's test report (2021 IBC 909.18.8.3)		<input type="checkbox"/> Yes

3	List any approved alternate means and methods for this project, and upload the approved code alternate form to The Compliance Engine.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
4	Additional Comments:	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A
5	Projects in Seattle: By checking this box I verify that the system or portion thereof has been installed and tested in accordance with the approved plans and specifications and has received all required SDCI approvals (2018 FC 901.6.2 and 909) Non-Seattle jurisdictions: Check N/A.	<input type="checkbox"/> Yes	<input type="checkbox"/> N/A

MANDATORY TAGGING, REPORTS AND DOCUMENTATION

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

6	I have attached a white service label at the smoke control panel or fire alarm panel (if a separate smoke control panel is not available) consistent with SFD Administrative Rule 9.02, reflecting that this system has met all requirements from IBC chapter 9 and NFPA 92 for system acceptance.	<input type="checkbox"/> Yes
7	I will provide a copy of this acceptance test report to the responsible party.	<input type="checkbox"/> Yes
8	I have submitted this report to the Fire Department through The Compliance Engine.	<input type="checkbox"/> Yes

By accepting this statement I, the Special Inspector shown on this form, attest that this smoke control system is in substantial compliance with the intent of its approved design, and that the system operates 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. By accepting this statement, I further attest that I meet the qualifications required for a Special Inspector as established in IBC 909.18.8.2, 1704.2.1, and 1705.18.2.

<input type="checkbox"/> I accept.	<input type="checkbox"/> I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)
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SIGNATURE (OPTIONAL)

Signature of Special Inspector (optional)

Signature of Building Representative (optional)

This Document Is For Informational Purposes Only

To submit reports to SFD, use the online forms at www.thecomplianceengine.com.