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

SYSTEM TEST REPORT

Version 09-2024

SMOKE CONTROL		STATUS		
☐ Confidence Test	☐ Deficiency Repair Test	☐ Red	☐ Yellow	☐ White

Use this Smoke Control form to report annual inspection, testing and maintenance of smoke control systems that are required by the Building Code for purposes of providing a tenable environment for the evacuation or relocation of occupants such as hoistway and stairwell pressurization systems and other smoke control systems.

Building Information (all mandatory)

Premises Name:	Premises Address:
Contact Name: Contact Address:	Contact Phone: Contact Email:

System Inventory (Mandatory for new systems, optional when submitting confidence test on existing system).

Attach Rational Analysis* (In Seattle, 2021 SBC 909.21.2 provides an exception allowing no rational analysis for elevator hoistway pressurization for low-rise buildings, may select N/A)			
Attach Detailed Design Doc/Control Diagram* N/A is allowed for this option in low rise projects in Seattle until further notice, per SDCI (as of 2/2024)			
Attach O&M Manual including testing procedures and frequencies (NFPA 92 Section 1)* In Seattle, not required for projects permitted under 2018 code or earlier - these projects may select N/A.			
Attach Oper'l Testing Documentation from Commissioning (NFPA 92 Section 7.1)*			
Attach Integrated Test Plan (NFPA Chap 4 and IFC 901.6.2)* In Seattle, only required for high-rise buildings, and only required for buildings permitted under 2018 code or later. Otherwise select N/A.			
Attach Code Alt, if Any*			
Attach Other			
Attach Test Results from Annual Confidence Test*			
Fire/Building Code Edition (Year)	☐ N/A		
Smoke Control Permit # (or N/A)	☐ N/A	Fire Alarm Permit # (or N/A)	☐ N/A
Building Permit # (or N/A)	☐ N/A	Mechanical Permit # (or N/A)	☐ N/A
Integrated Testing – Test Due Date (month/year) (buildings permitted under 2018 SBC and later):			
Smoke control panel? (mandatory) *	☐ Yes ☐ No	Location of smoke control panel (mandatory) *	
Building has a building management system that interacts with the smoke control system. (mandatory) *	☐ Yes ☐ N/A		

Description (select all that apply)

- Dedicated smoke control system (not used for everyday ventilation) ☐ Yes
- Non-dedicated smoke control system ☐ Yes
- Stairwell pressurization ☐ Yes

Zoned smoke control	☐ Yes
Elevator pressurization	☐ Yes
Vestibule pressurization	☐ Yes
Smoke refuge area pressurization	☐ Yes
Lobby pressurization system	☐ Yes
Smoke management for large volume spaces	☐ Yes

Equipment	*# of devices/items*

Guidance for Dampers: This smoke control system inventory must include dampers that are part of the sequence of operation of the smoke control system, part of setting up the pressure boundaries, and/or controllable from the smoke control panel. The annual smoke control test does not require damper inspection except if pressurization and other smoke control functional performance reveals deficiencies, in which case further investigation is required. These dampers must also be included in TCE in the "damper" inventory for the building, and require full inspection, testing and maintenance as part of required Damper testing (4 or 6 year cycle).

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	*# of shafts*
Hoistway shafts	
Stairway shafts	

Inspection & Testing Agency Information

Company Name:	Phone:
Address:	Emergency Phone:
	Email:

Certified Technician/Installer Information - Must comply with RCW 19.27.720. SFD SC-ITM and SC-1 certificate holders have obtained credentials complying with RCW 19.27.720.

Technician/Installer Name:	
Certification No:	Cert Type:

Test Information

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 CURRENT FIRE CODE AND REFERENCED NFPA 92 STANDARD and the MANUFACTURER'S INSTRUCTIONS for weekly, monthly, and quarterly inspecting and testing requirements. ONLY SELECT N/A FOR ITEMS THAT DO NOT EXIST AT THE BUILDING, DO NOT USE N/A TO INDICATE THAT A TEST OR RESULT IS NOT AVAILABLE.

PRE-TEST CHECKS AND DOCUMENTATION

AVOID "FALSE ALARMS" TO FIRE DEPARTMENT 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 may cause preventable alarms. If documents are not available, select N/A. Mandatory for systems commissioned under 2021 code or later.

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)	☐ Yes	☐ 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).	☐ Yes	☐ N/A
	c. Copy of all operational testing documentation from acceptance testing (IFC 909.18.8.3).	☐ Yes	☐ N/A
	d. O&M Manual including testing procedures and frequencies (NFPA 92 Section 7.1).	☐ Yes	☐ N/A
	e. Integrated Test Plan (NFPA Chapter 4 and IFC 901.6.2) (required for buildings permitted under 2018 code or later).	☐ Yes	☐ N/A
INSPECTIONS			
2	Required signs, placards, and labels are provided on doors and system controls.	☐ Yes	☐ No
3	Dampers controlled by the smoke control system have been visually inspected and maintained with no deficiencies noted in a manner that satisfies the code requirement for full damper testing and maintenance every 4 years (or every 6 years for hospitals, OR the dampers are not due for testing/maintenance (see periodic testing frequency in 2019 NFPA 80, 19.5.1.2).	☐ Yes	☐ No
4	All other inspections required by the Fire Code or NFPA 92 Chapter 7 and 8 have been completed with no deficiencies found.	☐ Yes	☐ No
Option 1: SUMMARY OF PERIODIC TESTING USING THE O&M TEST PLAN CREATED AT TIME OF COMMISSIONING (OR A NEW/REVISED TEST PLAN PRODUCED BY A QUALIFIED ENGINEER)			
If an O&M test plan was created during commissioing and is available, you must use that plan to guide your periodic inspecting and testing program.			
5	Airflow quantities and pressure differences have been determined for the following locations, from locations coinciding with acceptance test locations, and results have been compared to acceptance measurements and no deficiencies identified. 2018 NFPA 92, 8.6.3.		
	a. Across smoke barrier openings.	☐ Yes	☐ No
	b. At the air makeup supplies.	☐ Yes	☐ No
	c. At smoke exhaust equipment.	☐ Yes	☐ No
6	The operation of the correct outputs for each given input was observed and no deficiencies found. 2018 NFPA 92, 8.6.5.3.	☐ Yes	☐ No
7	The tests have also been conducted under standby power if applicable and no deficiencies found. 2018 NFPA 92, 8.6.5.4.	☐ Yes	☐ No
8	If the smoke control system or the zone barriers have been modified since the last test, acceptance testing was conducted on the portion modified, no deficiencies were identified. 2018 NFPA 92, 8.7.2.	☐ Yes ☐ No	☐ N/A

9	If the smoke control system or the zone barriers have been modified since the last test, documentation has been updated and uploaded to TCE to reflect these modifications or changes. 2018 NFPA 92, 8.7.3.	☐ Yes	☐ No	☐ N/A
10	I have completed all other testing and inspection requirements from the Operations and Maintenance Manual and NFPA Chapter 7 and 8, and no deficiencies have been found that have not already been noted. If deficiencies were found and not reported above, select No and indicate each deficiency include location, equipment, and corrective action needed. Deficiency 1: _____ Deficiency 2: _____ Deficiency 3: _____ Deficiency… _____		☐ Yes	☐ No
11	System equipment has been maintained in accordance with manufacturer's recommendations. If manufacturer recommended maintenance is missing or needed, select No and indicate each deficiency include location, equipment, and corrective action needed. Deficiency 1: _____ Deficiency 2: _____ Deficiency 3: _____		☐ Yes	☐ No
12	Integrated testing has been performed during this ITM visit, or is not due (answer no if system is past due for integrated testing and testing was not part of your ITM scope).		☐ Yes	☐ No
13	If deficiencies were found during integrated testing, check No and note them in the remarks box, include location, equipment/system, and recommended resolution.		☐ N/A	☐ No
14	The results of the tests have been documented in the O&M log.		☐ Yes	☐ No
Proceed to section "FINAL CHECKS, MANDATORY TAGGING, AND REPORTS".				
Option 2: SUMMARY OF ALTERNATE TESTING PROCEDURE				
Use instead of Option #1 if the O&M testing plan created during commissioning is no longer available.				
BREAKOUT GLASS (OBSOLETE) (Check N/A for questions 15 and 16 if the building only has operable windows.)				
B15	The building has Tempered Breakout Glass Operable Windows			
B16	The tempered breakout windows have 2-inch white dots located on the	☐ Yes	☐ No	☐ N/A
B17	The tempered breakout windows are unobstructed.	☐ Yes	☐ No	☐ N/A
GENERAL				
B8	The building smoke removal system(s) operate on the activation of the fire alarm.	☐ Yes	☐ No	☐ N/A
B19	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	☐ N/A
B20	The fans operate properly.	☐ Yes	☐ No	☐ N/A
B21	The smoke and fire dampers work properly.	☐ Yes	☐ No	☐ N/A
B22	The fans operate on emergency power.	☐ Yes	☐ No	☐ N/A
B23	The fans work on manual controls.	☐ Yes	☐ No	☐ N/A
B24	The manual override, if provided, works for all fire/smoke dampers and/or smoke dampers.	☐ Yes	☐ No	☐ N/A
B25	The smoke removal system provides six air changes per hour.	☐ Yes	☐ No	☐ N/A
B26	List the measurement method and equipment used to test air flow (upload file to the inventory section of The Compliance Engine).			

STAIRWAY AND ELEVATOR SHAFT PRESSURIZATION				
B27	Stair shafts have flush.		☐ Yes	☐ N/A
	Airflow - Cubic Feet Per Minute (CFM)			
B28	Measurements were taken from shaft and the main occupied area.	☐ Yes	☐ No	☐ N/A
B29	Readings were taken at every 5th floor.	☐ Yes	☐ No	☐ N/A
B30	Elevator shaft pressures measure 0.15" in water pressure differential or greater (non-sprinklered shaft).	☐ Yes	☐ No	☐ N/A
B31	Elevator shaft pressures measure 0.10" in water pressure differential (100% automatic sprinklered building).	☐ Yes	☐ No	☐ N/A
B32	Stair shaft pressures measure between 0.15" and 0.35" in water pressure differential for mid-rise buildings (Seattle Building Code) and 0.10" and 0.35" in high-rise buildings.	☐ Yes	☐ No	☐ N/A
B33	Life safety core type building has 0.05" in water pressure differential between pressurized core and tenant area.	☐ Yes	☐ No	☐ N/A
B34	All doors (stairway and elevator) open and close correctly with fans running.	☐ Yes	☐ No	☐ N/A
B35	Gaskets are in good condition on stair doors.	☐ Yes	☐ No	☐ N/A
HOISTWAY OPENING PROTECTION (OTHER THAN ELEVATOR PRESSURIZATION)				
36	Other hoistway opening protections such as enclosed elevator lobby, smoke curtains, slam shut smoke doors have been inspection, tested and maintained to codes and standards under which they were permitted, with no deficiencies found.Answer No and provide description if deficiencies observed.	☐ Yes	☐ No	☐ N/A
FINAL CHECKS, MANDATORY TAGGING, AND REPORTS				
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.)				
37	A current red (impaired), yellow (deficient) or white (normal operations) tag was placed on the fire alarm control panel indicating the system's status consistent with my inspection today.	☐ Yes	☐ No	
38	The color of the tag is:	☐ Red	☐ Yellow	☐ White
39	I will provide a copy of the confidence test report to the owner.	☐ Yes	☐ No	
40	I will submit this test report to the fire department through TCE.	☐ 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. By accepting this statement, I further attest that I am properly certified by the City of Seattle (and State of Washington if required for the work) to perform the work documented in this report, or exempt from those requirements. Finally, by accepting this statement I attest that the contractor on whose behalf this report is submitted holds the appropriate Washington State licenses should any be required for the work documented in this report.

☐ I accept.	☐ I am authorized to submit this report for the certified technician who has accepted this statement.	(Initials of Employee)

SIGNATURE (OPTIONAL)

Signature of Technician

Signature of Property Representative

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