Seattle Department of Construction & Inspections

Smoke Control Acceptance Test Form

This form is used by Seattle Department of Construction and Inspections (SDCI) to confirm the smoke control system has been inspected and accepted by a certified SC-1 technician. This form is not to be used for atriums which require more detailed reporting. High-rise buildings under the 2018 SBC may include this form in their required final report.

Test completed date:

Building name:

Building address:

Building permit number:

General contractor name:

General contractor address:

Superintendent name:

Email:

Phone number:

Testing contractor name:

Email:

Phone number:

Technician name:

Email:

Phone number:

SFD SC-1 Certification number and expiration date:

Building Attributes

Applicable Building Code SBC: ☐ 2015 ☐ 2018

This is a high-rise building ☐ Yes ☒ No

This is a fully sprinkled building ☒ Yes ☐ No

Number of pressurized stairway shafts

Number of pressurized hoistway shafts

Number of Smoke Control (SC) fans

Number of dampers in SC system

Pre-test Conditions

- ☐ Partitions or seals that will not be in place at the issuance of the Certificate of Occupancy are not permitted at the time of testing.
- ☐ Building envelope completed and leakage tested.
- ☐ Final doors, closers, and hardware in place and operable in stairwells.
- ☐ Stair shafts, hoistways, egress corridors complete, and approved by Building Inspector.
- ☐ Elevator Contractor has completed Mechanical Testing and adjustments.
- ☐ Ducting, fans, and dampers approved by Mechanical Inspector.
- ☐ FA electrical permit approved by Electrical Inspector.
- ☐ Electrical service, feeders to smoke fans and panels, legally required service, or emergency generator passed by Electrical Inspector.
- ☐ All opening and penetration protection, electrical wall plates, door hardware, smoke seals, thresholds and door sweeps in the boundary between the pressurized space and adjacent spaces shall be in place when the test is performed.
- ☐ Seattle Fire Department (SFD) AS-3 Certified Sprinkler Technician approves of sprinkler system as ready for SC testing.

  Signature _____ Certification number _____
- ☐ SFD Certified Fire Alarm FA-1 Tech approves fire alarm as programmed, pre-tested and ready for SC testing.

  Signature _____ Certification number _____
- ☐ If permitted under 2018 SBC/ SFC, an Integrated Test Plan (ITP) complying with NFPA 4-4.5.1 has been developed.

Pre-test conditions have been met.

General contractor or representative _____

Signature _____

Acceptance Test

Attach extra forms when additional testing conditions exist or where further documentation of pressurized stairways, hoistways or floors is required.

1. FA system in normal status

   - ☐ Test operation of all smoke control fans by initiating of detection device once per zone. Smoke detectors to be tested with smoke or aerosol per NFPA 72-14.4.3.2.
   - ☐ Verify SC fans and dampers operate properly for all test scenarios
   - ☐ Verify proper indications of components, and alarm conditions at SC panel for all test scenarios
   - ☐ Verify shutdown of each SC fan on detection of smoke on second duct detector
   - ☐ Verify duct detectors are rated for velocity of the duct
   - ☐ Test operation of all SC fans on water flow
   - ☐ Test manual operation of all fans and operable dampers from SC panel
   - ☐ Verify all smoke barrier opening protection automatic closing devices operate properly for all test scenarios
   - ☐ Document door opening forces and pressure readings across boundaries on included forms for all pressurized stairwells and pressurized elevators at both normal and alternate recall configurations if applicable
   - ☐ If the pressurization system is adjusted for operation of elevator doors on Phase II operation, then Phase I operation must be retested. If pressurization is adjusted, the entire pressurization system must be retested, and must satisfy all the requirements of the code.

2. Test with loss of power with full SC operating to verify all fans resume pressurization and dampers maintain proper positioning on Standby power.

Post-test Requirements

☐ 1. General contractors will submit this **Smoke Control Acceptance** test form along with the **control diagrams** into the **Seattle Services Portal**.

☐ 2. Affix a system tag on the system showing its status consistent with SFD Administrative Rule 9.02.

☐ 3. Schedule a Smoke Control Commissioning Inspection for this Construction(CN) or Phased(PH) permit through the **Seattle Services Portal**.

Attestation

By accepting this statement, I the certified technician shown on this form, attest that this Smoke Control System has been properly inspected for functional operation and shaft pressure in accordance with the current administrative rules, NFPA standards, Building and Fire codes adopted for use by the City of Seattle.

_____ _____

Signature of SC-1 Technician Date

Stair ____ Number of floors ____*

Pressure measured in inches of H_20, high rise between .10 and .35, low rise minimum .15, and maximum allowing for door force of less than 30 lbs to start, 15 lbs full open.

Differential pressure measured between ☐ adjacent space or ☐ dwelling units

The stairwell relief vent airflow is at or above the code minimum ☐ Yes ☐ No

Floor #	Pressure	Door Force - Start	Door Force - Full

Hoistway pressurization operates during stairway pressurization ☐ Yes ☐ N/A

*Print additional forms if needed.

Stair ____ Number of floors ____*

Pressure measured in inches of H_20, high rise between .10 and .35, low rise minimum .15, and maximum allowing for door force of less than 30 lbs to start, 15 lbs full open.

Differential pressure measured between ☐ adjacent space or ☐ dwelling units

The stairwell relief vent airflow is at or above the code minimum ☐ Yes ☐ No

Floor #	Pressure	Door Force - Start	Door Force - Full

Hoistway pressurization operates during stairway pressurization ☐ Yes ☐ N/A

*Print additional forms if needed.

Hoistway _____ Number of floors ____*

Hoistway primary recall floor ____

Hoistway secondary recall floor ____

Pressure measured in inches of H_2O between .10 and .25.

Differential pressure measured between ☐ adjacent elevator landing or ☐ dwelling unit

Floor #	**Primary recall pressure**	**Secondary recall pressure**	**No recall pressure**

Elevator doors operate properly under pressure on all floors ____

All stairway pressurization SC fans start upon activation of Hoistway SC fans ____

*Print additional forms as needed.

Hoistway _____ Number of floors ____*

Hoistway primary recall floor ____

Hoistway secondary recall floor ____

Pressure measured in inches of H_2O between .10 and .25.

Differential pressure measured between ☐ adjacent elevator landing or ☐ dwelling unit

Floor #	**Primary recall pressure**	**Secondary recall pressure**	**No recall pressure**

Elevator doors operate properly under pressure on all floors ____

All stairway pressurization SC fans start upon activation of Hoistway SC fans ____

*Print additional forms as needed.

Hoistway SC Fan*

Hoistway _____ Pressurization fan

HP _____ Voltage _____ Number of belts _____ or Direct Drive _____

	Test conditions 1	Test conditions 2	Test conditions 3
RPM			
Operating frequency			

Hoistway SC Fan

Hoistway _____ Pressurization fan

HP _____ Voltage _____ Number of belts _____ or Direct Drive _____

	Test conditions 1	Test conditions 2	Test conditions 3
RPM			
Operating frequency			

*Print additional forms as needed

Stair SC Fan*

Stair _____ Pressurization fan

HP _____ Voltage _____ Number of belts _____ or Direct Drive _____

	Test conditions 1	Test conditions 2	Test conditions 3
RPM			
Operating frequency			

Stair SC Fan

Stair _____ Pressurization fan

HP _____ Voltage _____ Number of belts _____ or Direct Drive _____

	Test conditions 1	Test conditions 2	Test conditions 3
RPM			
Operating frequency			

*Print additional forms as needed