System Test Report

<table>
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<tr>
<th>SMOKE CONTROL</th>
<th>STATUS</th>
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<tbody>
<tr>
<td>✘ Confidence Test</td>
<td>✘ Deficiency Repair Test</td>
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</table>

**Occupancy Information**

Occupancy Name: 
Occupancy Address: 
Contact Name: 
Contact Address: 
Contact Phone: 
Contact Email: 
Central Station Monitoring: ✘ Yes ✘ No 
Monitoring Company Name: 
Monitoring Company Phone: 

**Inspection & Testing Agency Information**

Name: 
Address: 
Phone: 
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

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**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.  
    Location of manual controls:  
    - [ ] Yes  
    - [ ] No  

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  

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 Online**

Submit reports to [http://www.thecomplianceengine.com/](http://www.thecomplianceengine.com/)

Smoke Control  
(05/19)